V. S. No. 1

TION is very important. See instructions on back of certificate.

M	infor- state	
	of	
	item of	
	Every	
	CORD. Every PHYSICIANS	

	5/
Registration Dist. No.	16
	St.
itution, give its NAME instead of	street and num
f of foreign birth?yrs.	
	tution, give its NAME instead of

1. PLACE OF DEATH			11.00	,
County Carrol	1		Registration Dist. No. 76	
Village or City Finks			No. St, f death occurred in a hospital or institution, give its NAME instead of street and is ds. How long in U.S. if of foraign birth?	
2. FULL NAME ALPH				vs us.
	AVINIC	N DENIA		
(a) Residence: No.	(Usual place	ol abode)	St., Ward, If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PART	ICULARS	. MEDICAL CERTIFICATE OF DEATH	
Female 4. color or RACE	5. SINGLE, MAI OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH December 14, (Month) (Day)	, 1932 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of he late Mich	ael R.	Bentz	22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year)	ept. 5,	1877	I last saw h alive on, 19	
7. AGE Years Months 55 3	Days 9	If LESS than I day, hrs. or min.	to liave occurred on tha date stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decaased last worked at this occupation (month and year)	11. Total	feeble- minded tima (yaars) ent in this upation		-
12. BIRTHPLACE (city or town) Mar yl (State or country)		upation	Other Coatributory Causes of Importance: Hemmorhage of the brain caused by a gunshot by her	
13. NAME Lewis D. Go	re		own hand. Suicide	
13. NAME Lewis D. Go 14. BIRTHPLACE (city or town) (State or country)	Maryla	ind	Name of operation Data of What tast confirmed diagnosis? Was there an a	
15. MAIDEN NAME Martha	Frazier		23. if daath was due to external causes (VIOLENCE) fill in also tha following	:
15. MAIDEN NAME Martha Frazier 16. BIRTHPLACE (city er town) (State or country) Maryland		Accident, suiside, or homicide? Where did injury occur? Finks burg, Carroll	Co.	
17. INFORMANT Mrs. R. C. (Address) Finks burg	Cullis, Md:	son	(Specify city or town, county and Stat Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE,
18. BURIAL, CREMATION, OR REMOVAL Place Finksburg Cem	Dec.	. 16,,1932	Manner of injury	
19. UNDERTAKER H. Bankard (Address) Vestminste	& Son		24. Was diseasa er injury in any way related to occupation of deceased?	
20. FILED 2/1- 19 3 L 2	Men	formal	(Signad) Westmington	conem. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and-related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURNAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	D-CERTIFICATE OF DEATH 13032
1. PLACE OF DEATH	(Ria)
County Carroll	Registration Dist. No. 8/
Village or City Linuxoool	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	
2. FULL NAME In ary Susanna (Bowens
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (wife the wo	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 12-19-1932 to 12-19-1932
6. DATE OF BIRTH (month, day, and year) LINKINGUS 15	1 last saw h 2 alive on 12 / 8- 192 2; death is seid
7. AGE Years Months Days If LESS t I day, ormi	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	The contract of the contract o
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)(State or country)	Other Contributory Causes of importance:
# 13. NAME Frances Bours.	
13. NAME Frances 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Marich Steward	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mariah Sturan	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Adsollary & Smith	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Lindrond, MA, 18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place My Joy blimetery Date JER. 21 , 19	
19. UNDERTAKER Allankand Son	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Alystminister mid.	If so, specify T, A 199
20. FILED Seles 26, 1932 La Erchuan	(Signed) M. D. (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County Village or City

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal eause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nephritis Cerebral hemorrhage	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

m.

(Address)

should state of OCCUPA-

1. PLACE OF DEATH County Carroll Village or City Sykesyille,	Springfield (#	death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence in city or town where death oc 2. FULL NAME William Eve		26 ds. How long in U.S. if of foreign birth?yrsm	osds.
(a) Residence: No. Brighton.		d. St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	GLE, MARRIED, WIDOWED, DIVORCED (write the word) Widower	21. DATE OF DEATH December 12 (Month) (Day)	, 1932 (Yaar)
HUSBAND of (or) WIFE of Lavinia Brown		22. I HEREBY CERTIFY, That I attended November 16, 19 32, to December 1	
6. DATE OF BIRTH (month, day, and year) July	y 9, 1860	last saw h. im alive on December 12, 19 32	; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated abova, at 3:25 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	,
8 Trada profession or particular	rmer	Chronic Valvular Heart Disease with dilitation	Date of onset
work was dona, as SILK MILL, SAW MILL, BANK, etc.	11. Total time (years) spent in this occupation	and loss of compensation over	26 da

Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Brighton, Md. Chronic Parenchymatous (Stata or country) FATHER Marshal Brown 13. NAME 14. BIRTHPLACE (city or town) Brighton, Md. (Stata or country) What tast confirmed diagnosis? Lab. tests MOTHER Sarah Belt 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill In also the following: Howard Co. Accident, suicide, or homicide? 16. BIRTHPLACE (city or town). (Stata or country) (Specify city or town, county end Stete)
Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE. 17. INFORMANT Hospital records (Address) 18, BURIAL, CREMATION, OR BEMOVAL Manner of Injury 24. Was disease or injury in any way ralated to occupation of decasad? NO 19. UNDERTAKER

Registrar.

If so, specify

(Signad)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis IAN 5 1933	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 13025
1. PLACE OF DEATH	
County	Registration Dist. No. 7
Village or City Muroutow (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tactus Coylor	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jee . /5 193 3 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec. 15-32	I last saw h aive on let have 19 ; death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
Sullan ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	
SAWYER, BOOKKEEPER, etc	Villbergh .
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this	
year) spant in this	
12. BIRTHPLACE (city or town) Musulown	Other Coutributory Causes of importance:
(State or country)	
13. NAME William Elaylor	
13. NAME William to Cartor 14. BIRTHPLACE (city or town) Musoulous.	Nama of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Come V. plonoces	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mucontown	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT // m. 7: Caylor (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL CON SOCIETY	Manner of injury
Place Association Date Dec 16, 19.32	Nature of injury
19. UNDERTAKER C. O. A. mgs Home	24. Was disease or injury in any way related to occupation of deceased?
20. FILED De 28., 19 32 Margaret R. Englander	(Signed) As. J. Thomas M. D. (Address) Alle Would M. D.
	2411 N. Charle Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes Date of onset of importance were as follows:		Example II		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JAN 6 1992	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	hritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	RUREAU V.S.	July 5,1927	Peritonitis	3 days ago
		2		
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

should PHYSICIANS RECORD. BINDING RESERVED should may that ARGIN in plain terms, carefully CAUSE OF DEATH should be

20. FILED 12/26/320

Deputy

.009

STATE OF MARYLAND—CERTIFICATE OF DEATH Maryland Tuberculosis Sanatorium 1. PLACE OF DEATH Colored Branch County Carroll Registration Dist. No. 74 Village or City Henryton, Maryland (If death occurred in a hospital or institution, give its NAME instead of street and number) 2. FULL NAME Robert Spaulding Chase (a) Residence: No. 28 S. Bentz St., Frederickt, Md. Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, Dec., 26, 1932 OR DIVORCED (write the word) Colored Single (Year) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of 9, 193219 Dec., im alive on Dec., 26, 1932 6. DATE OF BIRTH (month, day, and year) Jan. 3. to have occurred on the data stated abova, at 9 . 30 An. M. If LESS than 7. AGE Months Days The PRINCIPAL CAUSE OF DEATH and ralated causes of importance Pulmonary Tuberculosis 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION Teacher SAWYER, BDOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... Unknown 1D. Date deceasad last worked at 11. Total tima (years) this occupation (month and spent in this Jnknown Other Contributory Causes of importance luscarora 12. BIRTHPLACE (city or town) Jarvland (State or country) George W. Chase FATHER 13. NAME Point of Rocks 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? _____ Was there an autopsy? MOTHER Henrietta Swan 15. MAIDEN NAME 23, if death was dua to external causes (VIDL ENCE) fill in also the following: Unknown 16, BIRTHPLACE (city ar town) (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Henryton. Manner of injury Natura of injury_ LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed).

(Address) ___

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 5 1933	July 5,1927	Peritonitis	3 days ago
	BITH			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				Dr.

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1.	PLACE OF DEATH	1070)	26
1	County Carroll COMPORATE LIMITE	Registration Dist. No. /6	
	Village or City Westroninster	ND. St., death occurred in a hospital or institution, give its NAME instead of street and num	Ward
	Length of residence in city or town where death occurredyrs	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2	FULL NAME GARRY Frances 7	Core 7.	
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	te
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.5	4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 35c 8- (Month) (Dey)	(Year)
5a.	If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Thet ettended dece	
	NATE OF BIRTH (month day and year)	1 1 1 1 1 1 1 1 1 1	, 19 3.2.
7. A	TATE OF BIRTH (month, dey, end year)	to have occurred on the date steted above, et . 7. A.m.	eath is seid
	J- Q O I dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence	
NO	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	Valvular many freemany	1932
OCCUPATION	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Broncho Prummia	1900
ဗ	to, Dete decessed lest worked et this occupation (month and year)		^~~
12.	BIRTHPLACE (city or town) (Stete or country)	Dther Contributory Canses of Importance:	80
ER	13. NAME Certhur Francis Etal		<i></i>
FATHER	14. BIRTHPLACE (city or town) (Stete or countcy)	Name of operation Dete of Was there en euro	
ER	15. MAIDEN NAME Of ar a marths Sara	23/If death wes due to externel causes VIOLENCE) fill In elso the following:	psy: Jeach
MOTHER	16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of injury	., 19
17.	INFORMANT CITCHEN THAN Cip Close	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18.	Place Weemation or REMOVAL Berolec 10, 1932	Menner of injury	
19.	UNDERTAKER SUMMARY Suma (Address) W Sumins & May	24. Was disease or injury in any way related to occupation of deceased? M. If so, specify	3
20.	FILED 12/9, 1932 FILED Registrar.	(Signed) Chao R Houts M.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

IARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF M	IARYLAND-	CERTIFICATE OF DEATH	190
1. PLACE OF DEATH			,~0
County Carroll		Registration Dist. No.	efo
Village or City In land	lle	NoSt.,	Ward
Length of residence in city or town where death occu		f death occurred in a hospital or institution, give its NAME instead of street and n	
2. FULL NAME Calhurine	R -1.	PAP.	3
	Seather	a was	
(a) Residence: No. (Us	ual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL F	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female Alack ORD	LE, MARRIED, WIDOWED, IVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193. 2. (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	, 0	22. I HEREBY CERTIFY, That I attended of Dec. 2, 1932, to Dec. 9	leceased from
6. DATE OF BIRTH (month, day, and year) Dee	. 2.1932	I last saw har alive on Dec. 8 1932	; death is said
7. AGE Years Months D	Pays If LESS than I day,hrs.	to have occurred on the date stated above, at32m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	1. Total time (years) spent in this occupation	geterus Monatorum	
12. BFRTHPLACE (city or town) (State or country) 12. BFRTHPLACE (city or town) (State or country) 13. BFRTHPLACE (city or town)	ing	Other Contributory Causes of importance:	
13. NAME Friday Coll	ngo		
4. BIRTHPLACE (city or town)	ra.	Name of operation Date of What test confirmed diagnosis? Was there an air	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	Bond.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	:, 19
18. BURIAL CREMATION, OR REMOVAL	Dec 9, 1932	Manner of injury	
19. UNDERTAKER Sylver some of the control of the co	Jud.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)	MAMA
20. FILED 0 19.52 CM at	Registrar.	(Address) Eldistfus	9

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURKAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

STATE OF MARYLAND- 1. PLACE OF DEATH	(3)
County learnall	Registration Dist. No. 82
Village or City Met. airy	No. St. Wa
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
200 10 10	osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME THEN I Sabille Con	musu,
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (while the word) a. If married, widowed, or divorced	21. DATE OF DEATH
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased fr 1930 to Dec 5 1932
DATE OF BIRTH (month, day, and year) 1858 - 8 - 21	I last saw her alive on alle 5 , 1932 ; death is si
. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 P.1 m.
7 + 1) + 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chr Hypsanson
9. Industry or business in which	Gh. Father and nephrono 1928
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Myreardita
10. Date deceased last worked at this occupation (month and year)	
2. BIRTHPLACE (city or town) Credenick Co. (State or country) Man land,	Other Contributory Causes of importance:
	- CM. Chemia Nov. 1
13. NAME Zachanak landa. 14. BIRTHPLACE (city or town) Landand land.	
14. BIRTHPLACE (city or town) / reduced (State or country)	Name of operetion Date of
	What test confirmed diagnosis? Was there an autopsy?
1 6 0 0	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or towny lace les, (State or country) Many land,	Accident, suicide, or homicide?
7. INFORMANT Jus. Hm. Hafal. (Address) Tut. airy, med.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place 1 rospert leurs Hoate 22 = 7 = 1937	Manner of injury
9. UNDERTAKER O. M. Maltz, (Address) Friefull Fred	24. Was disease or injury in any way related to occupation of deceased?
0. FILEDALLE 7, 1932 The Decycles Registrar.	(Signed) Stanley Trabile M. (Address) Marain Me

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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(1)	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
BINDING	PERMANENT REC EXACTLY. P y classified. Exac
JARGIN RESERVED FOR BINDING	NK—THIS IS A P should be stated it may be properly on back of certifica
MARGIN RE	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PER mation should be carefully supplied. AGE should be stated ENCAUSE OF DEATH in plain terms, so that it may be properly component in the properior of the property of the proper
	E PLAINLY, WI should be careful of OEATH in p is very important.
V. S. No. 1	N. B.—WRIT mation CAUSI TION

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13030
1. PLACE OF DEATH	95-6)
County Carroll	Registration Dist. No. / C
Village or City & Strawater	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2 FULL NAME Calvin & leads	9
	0
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Male Thick	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of	(Month) (Dey) (Year)
(or) WIFE of mo, florence leas to.	22. HEREBY CERTIFY That I ettended deceased from
6 DATE OF RIPTH (month day and year) / 2/- 7 - 19	and 1904, to 200 10 , 1952
6. DATE OF BIRTH (month, day, and year) / 86 / 1 / 9 7. AGE Years Months Days If LESS than	I last saw h live on All O, 19 32; death is said to have occurred on the date stated above, at 3 A i m.
/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows:
kind of work done, es SPINNER, famer	and the second
Industry or husiness in which	deserge -
work was done, as SILK MILL, SAW MILL, BANK, etc.	acute Cardina deluty to One 10
- Spent in this	
year) occupetion	Other Contributory Conses of importance
12. BIRTHPLACE (city or town) Out to the Constitution (State or country)	Glestroententis
13. NAME Cezin leafort. 14. BIRTHPLACE (city britown) Loronde les.	
14. BIRTHPLACE (city britown) (State or country) Treamy land	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
11/2 10/2	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
2 man Little La	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mo May Course of and, (Address) 32 4 St. Carel Sts. Balto, 2nd,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place theme Chapel Costy = Dze 12, 1932	Nature of Injury
10 HADEDTAKED & MARY -	24. Was disease or injury in eny wey related to occupation of deceesed?
19. UNDERTAKER 10. (Address) A subject 2003	Af so, specify
20. FILED / 3/10 152 / Mirodung	(Signed) W. Hembspereped , M. D.
20. FILED Registrar.	(Address) bulstuluslu kus
If more blanks are needed, address State Registrat,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more Planks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		THE OFFICE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Marie Company of the	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

V. S. No. 1

STATE OF	MARYL	AND-	CERTIF	CATE	OF	DEATH
----------	-------	------	--------	------	----	-------

1		E OF DEA		Maryla	and Tuber	realosis Sanavorian	3032
	Count	y Carro	oll		Colore	ed Branch 3 Registration Dist. No. 74	
	Village	or City H	nryton,	Maryla	nd.	No. St.	Ward
	Length	of residence in	city or town where d	leath occurred	yrs. 3 mos	death occurred in a hospital or institution, give its NAME instead of street and n. 22 ds. How long in U.S. if of foreign birth?	umber)
2	. FULL	NAME WE	alter Ra	leigh Co	opeland		
	(a) Re	esidence: No.	527 Pier	ce St.,	Balto.,	110sh, Ward.	
-				(Usual place of	f abode)	If nonresident give city or town and	State
			ND STATISTI			MEDICAL CERTIFICATE OF DEATH	
3.	sex Male		or or race lored	5. SINGLE, MARI OR DIVORCED Marries	(write the word)	21. DATE OF DEATH December 29, 1932. (Month) (Day)	, 193 (Year)
5a.	If married, HUSBAN (or) WIF	widowed, or div D of E of Tr	orced s. Betti	e Copela	and	oct., 7, 1932, 19 to Dec., 29, 1	deceased from
6.	DATE OF B	IRTH (month, d	ay, and year) Ju	ne 21,	1898	Hast saw him alive on Dec., 29, 1932	; death is said
	AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at 7 • 00 All •	
	8 Trada	34	6	8	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Pulmonary Tuberculosis	Date of onset
OCCUPATION	kin S/	, profession, or p nd of work done WYER. BOOKKE	, as SPINNER, EPER, etc.	Laborer			Feb.,
AT	SAWYER, BOOKKEEPER, etc. Labor Samuel Sawyer, Bookkeeper, etc. Labor Sawyer, was dona, as SILK MILL, Unknown SAW MILL, BANK, etc			(n)cnown			1932
CUI							
00	K K th	deceased last we is occupation (m	onth and	11. Total ti	na (years) t in this		
	ye ye	ar) []n_k_]			DATIONL	Other Contributory Causes of importance:	
12.		CE (city or town or country)	Ahoski North	e Carolina	1		
04	13. NAME	Alexa	nder Cop	eland,			
FATHER	14 BIRTH	PLACE (city or t	Ahosk	ie,		Name of operation Data of	
2			ellie Ha			What test confirmed diagnosis? Was there an a	
MOTHER			Ahos			23. If death was dua to axteroal causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	
N N	16. BIRTH	PLACE (city or tate or country)	North C			Where did injury occur?	, 10
17.	INFORMAN	John	E. O'Ne	ill, M.	D.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	a) ACE.
18.	BURIAL, C	REMATION, OR Hales		Date Jan	1, 19/93	Manner of injury ————————————————————————————————————	
19.	UNDERTA!	KER Sa	mull		rose Ister		
20,	FILED	1 1	32 John		Nicle, Registrar.	(Signed) Our 6016et	U. M.D.
-			Jepu If more			2ALL N Charles Street Baltimore Requesting T) S. No. 2	, , , , , ,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	×	Example II	
The principal cause of death and related cause of importance were as follows:	Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JAN 5 1933	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V	S. July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
A			

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Carroll	Registration Dist No.
Village or City fy kesrelle - med	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whare death occurredyrs,mos.	ds. How long in U.S. iI oI foreign birth?yrsmosds.
2. FULL NAME Michael Cum	mings.
(a) Residence: No. 3 -3 E. 22 M. (Usual place of abode)	St., Ward. Salto, Mid If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Whate 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. II married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6 DATE OF PIPTH (month day and wase) Obselectores	I last say h in alive on Dec - 1932 day this soid
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on tha date statad abova, at 405 m.
79 Thelean Hockwood ormin.	The PRINCIPAL CAUSE OF DEATH and ralatad causas of importanca were as Iollows;
8. Trade, profession, or particular kind of work done, as SPINNER, Land Marchant SAWYER, BOOKKEEPER, etc.	arteriosclerosis; 1926
9. Industry or business in which	Chronic myocarditis and
10. Date decaasad last worked at this occupation (month and the company of this occupation (month and the company of the compa	myrcarillal degeneration 1927
)	Dthar Contributory Causes of importance:
12. BIRTHPLACE (city or town) Many Land (State or country)	acute cardiac delatation 12/1/30
13. NAME Thomas Commings	77
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Characal fundamy as there an autopsy? Ho
15. MAIDEN NAME mangaret Tamore	23. II death was due to external causes (VIOLENCE) fill in also the Ioilowing:
(State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18 RURIAL, CREMATION, DR REMOVAL J. Massyo Cur. Joseph Date 3 1937	Mannar of Injury
19. UNDERTAKER John J. Falley Son	24. Was disease or injury in any way related to occupation of deceasad?
20. FILED Del. 1, 19.3 2 Chary Thees	(Signed) Rahert Royans M. D. (Address) Sussaulle M. D.
Registrar.	(Audiess)

CTATE OF MADVIAND CEDTIFICATE OF DEATH

121122

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Example I	1		Example II	
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Arteriosclerosis	1915	Attack of epile	psy	1 week ago
Chronic interstitial nephritis	1921	Run over by str	reet car CEGT C NYC	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	0001 = 1001	3 days ago
			GGAIGOGA	
Other contributory causes of importance:		Other contrib	outory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	HEVIN A COLOR	1 year

	N. B.—WRITE PLAINIY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
NDING	MANENT RECORD	NACTLY PHYS	classified. Exact st	
VED FOR BI	THIS IS A PER	ld be stated E.	ay be properly o	ck of certificate.
IARGIN RESERVED FOR BINDING	NFADING INK-	plied. AGE shou	rms, so that it ma	nstructions on ba
	CINITY, WITH U.	"be carefully sup	EXTH in plain te	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWRITE PE.	mation should	CAUSE OF 1	TION is very

	S	TATE C			CERTIFICATE OF DEATH	034
1	. PLACE OF DEA	TH	Maryla.		Calobia Danavoliana	BUT
	County Carro	11		Colored	Branch 23 Registration Dist. No. 74	
	Village or City He	nryton,	Marylan	d	No. (above) st,	Ward
	Length of residence in c	ity or town where d	leath occurredO_	yrsmos	death occurred in a hospital or institution, give its NAME instead of street and 15ds. How long in U.S. N of foreign birth?	os ds.
2	. FULL NAME	Gertrude	Diggs			
	(a) Residence: No.	324 S. I	Dallas S	t., Balt	O, M.d. Ward.	
===			(Usual place of	abode)	If nonresident give city or town and	Stale
_	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
	-	olored	5. SINGLE, MARR OR DIVORCED Marri	(write the word)	21. DATE OF DEATH Dec., 30, 1932 (Month) (Oay)	, 193 (Yaar)
5a.	If married, widowed, or diventional HUSBANO of (or) WIFE of		astin Di	ggs	22. I HEREBY CERTIFY. That lattended Nov., 15, 1932, to Dec., 30,	deceased from
6.	DATE OF BIRTH (month, da	v. and year) Se	ept., 27	, 1905	Hast sawher alive on Dec., 30, 193219	.; death is said
7.	AGE Years	Months	Deys .	If LBSS than	to have occurred on the date steted above, at 10.20 m.P.M.	•
	27	3	3	orhrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
NO	8. Trade, profession, or p kind of work dona, SAWYER, BOOKKE	articular as SPINNER,	Housew	ife	Pulmonary Tuberculosis	- 4000 100000
OCCUPATION	9. Industry or business in work was done, as SAW MILL, BANK,	n which SILK MILL.	Own Ho			Sept
220	10. Oata deceased last wo this occupation (mo year)	rked at	11. Total timespant	na (years) in this pationUnknow		1932
12.	BIRTHPLACE (city or town) (State or country)	Smith Virg	nfield inia		Other Contributory Causes of importance:	
ER	13. NAME		Winneg	an		
FATH	14. BIRTHPLACE (city or to (Stata or country)	TINI	own		Name of operation	710
ER	15. MAIDEN NAME		ie Woodl	V	23. If death was dua to external causes (VIOLENCE) fill in also tha following	
MOTHER	16. BIRTHPLACE (city ar to (Stata or country)	own) Unkno			Accident, suicide, or homicide? Oata of injury	, 19
17.	INFORMANT John (Address) Henr	E. O'Ne: yton, Ma	ill, M.D arvland		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18.	BULIAL, CREMATION, OR	REMOVAL	Oate Ja	~Z,1933	Manner of injury	
19.	UNOERTAKER Cays (Address) 14/3	E TX	eston Si	ζ	24. Was disease er injury in any way related to occupation of deceased?	ho.
20.	FILEO 12/30/32	19. Je pu	ty Local	Mill Registrar.	(Signed) flow The Strength	will M.D.
		If more	blanks are needed, ad	ldress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	,

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TVM D NVV			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones -	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	---------	------------	----	-----------

1. PLACE OF DEATH	96-2)
County and	Registration Dist. No. 78
Village or City And Byrdel	ND. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
)/ AX	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Person to Louis	rer
(a) Residence: No. (Usual place of abode)	St., Ward. Il nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR VACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widewed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
Car) WIEE of Signal of the Control of the	,19,10
6. DATE OF BIRTH (month, day, and yeer) 28 1869	I last saw h alive on
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at 8 P m.
52 // 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER OF CAPACITY	acute Dibilation of Date of Ones
SAWYER, BDDKKEEPER, etc.	Tears
kind of work done, as SPINNER. kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Dead men arrived
- til shell till till she	
year)ocaudation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
14. BIRTHPLACE (city or town) Perchance fe	
4 14. BIRTHPLACE (city or town) HTRESSER (State or country)	Name of operation
The state of the s	What test confirmed diagnosis? Was there en autopsy?
16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIDL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stato or country)	Accident, suicide, or homicide?
(1 0 8/ - 1/19)	Where did injury occur?
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place July Colf Date 77 7, 1937	Neture of injury
19. UNDERTAKER DANGLEY	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify asking Come
20. FILED Sec. 7, 1932 1 Fichman	(Signed) J. Henry Saylor & P. M. D.
De Just Registrar.	(Address) Mission Bridg & med

If more blanks are needed, addiess State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

V. S. No. 1

19. UNDERTAKER

(Address)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13036
1. PLACE OF DEATH County Carroll County Village or City Dy kesville (IF.	No. Phongfuld Tate Hospital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs, mos. 2. FULL NAME Charles A Admonds (a) Residence: No. 37/2 Reyman Road (Usual place of abode)	St., Ward. Balto, Ma If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH December 6 4 193.2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Marker 24 /85/ 7. AGE Years Months Days If LESS than 1 day,	1 HEREBY CERTIFY. That I attended deceased from Movember 25, 1931, to descende 5, 1932; death is said to have occurred on the date stated above, at 50 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Painty 9. Industry or business in which work was done, as SILK MILL, 10. Date deceased last worked et lumbror this occupation (month and 1916 spent in this occupation)	General arterios clerosis Prior 26 1931
12. BIRTHPLACE (city or town) Fuderich Co. 13. NAME Whn W. & dmonds	Other Contributory Causes of Importance: Chroruc Myscarditis and Chrome Junes Interstitial rephritis Name of operation. None What test confirmed diagnosis huncal + Laboratory fundamen most was twee an autopsy?
15. MAIDEN NAME Sarah M. Thornburg. 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Upmgfreld state Hospital Records)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury

Registrar.

Nature of injury

If so, specify (Signed)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1000	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

ARGIN

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77.2			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		- Prog	

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STATE OF MARTLAND	CERTIFICATE OF BEATTI	038
1. PLACE OF DEATH County Carroll WITHIN COR TO	n-a 26	
County Sunow	Registration Dist. No.	
Village or City // Estimensus	If death occurred in a hospital or institution give its NAME instead of street and r	ward ward
3 7	os. ds. How long in U.S. if of foreign birth? yrsmo	
2. FULL NAME Martha B. Fai	ebanks	
(a) Residence: No. M.O. Norme for the ag-	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (cwrite the word)	21. DATE OF DEATH	, 193 2/ (Year)
5a. If married, widewed, or divorced HUSBAND of	22, HEREBY CERTIFY, That I attended	
(or) WIFE of Samuel N. Faubanki	Jan. 1930, to 250. 14	1932
6. DATE OF BIRTH (month, day, and year) Feb 14, 1848	tlast saw 2 alive on Dre 13 1932	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
84 10 — I day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date ol onset
9 Trade profession or particular	ly of	1
SAWYER, BDOKKEEPER, etc.	venesal lecterco.	my
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Do On north	
S. Hade, Notestand, on particular to the processing of the process	1000 4 PQ	
12. BIRTHPLACE (city or town) At Michaels	Other Couribatory Causes of importance:	
(State or country) Marylane	Crebral Vinanhage	12/10/
W 13. NAME House Bruft		1/9
13. NAME HOWAS Bruff 14. BIRTHPLACE (city or town) (State or country) Mary Land	Name of operation Date of What test confirmed diagnosis Classes Was there and	autopsy?
15. MAIDEN NAME Sannah Little	23. If death was due to external causes (VIOL ENCE) fill in also the following	g:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	, 19
(State or country) Maylace	Where did injury occur? (Specify city or town, county and Sta	ta)
17. INFORMANT Mrs. Carroll albanghe (Address) Westwinster, West	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
18. BURIAL CHEMATION, OR REMOVAL	, Manner of Injury	
Place Bolling & Date Lee. 16, 193	Nature of Injury	
19. UNDERTAKER J. J. Luce	24. Was disease or injury in any way related to occupation of deceased?	20
(Address) Misturiuslus Md	(Signed) (Signed)	L ON D
20. FILED 14. 182 Tollies Registrar.	(Address) Malinimutto	my
If more blanks are needed, address State Registy	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death.

As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example L		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1303	9
1. PLACE OF DEATH		,
County of proble	Registration Dist. No. 78	
Village or City Justinoville +P. F.	Koestminster St.	Ward
	death occurred in a hospital or institution, give its NAME instead of street and number	er)
Length of rasidenca In city of town whare daath occurredmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Minne O. Farrer		
(a) Residence: No. June	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	CHEST HAT THE
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (price the word)	Nec 28 193	2
5a. If marriad, widowad, or divorced	(Month) (Day) ((Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended decea	sed from
Megen M. Farver	Dec. 29 ,1932, to Wee. 28	1932
6. DATE OF BIRTH (month, day, and year) 1855 - 10 - 22	I last saw h _ aliva on / Dec 28 , 19 32; daa	th Is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 1 R_m.	
77 2 6 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance wera as follows:	e_of onset
8. Trada, profassion, or particular kind of work dona, as SPINNER,	acteris Selevisio	7.
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. bata deceased last worked at this occuration (month and	Chrone Myseordetis.	7
work was dona, as SILK MILL, SAW MILL, BANK, etc	()	
10. Data deceased last worked at this occupation (month and spant in this		
this occupation (month and spant In this occupation		
12 BIRTURI ACT (situations) Re Himing	Other Contributory Causes of importance:	-28-31
12. BIRTHPLACE (city or town) Shawayar (Stata or country) Manulanul	courte from the function "	7 71
13. NAME April Manager		
13. NAME / Mark marrie 14. BIRTHPLACE (city or town)	Name of operation Date of	
(Stata or country) Unfrom	What tast confirmed diagnosis? Was there an autops	w? "M.z.
15. MAIDEN NAME Unknown	23. If daath was dua to axtarnal causes (VIOLENCE) fill in also tha following:	y:====
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accidant, suicida, or homicida? Date of Injury	19
E (State or country) Manymy w	Whara did injury occur?	
17. INFORMANT Williams lo brun lad	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
(Address) F. DA & Westminsley Mil		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place agelers ville anetry Date Dec := 3/= , 1932	Nature of injury	
19. UNDERTAKER Lo: M. Halts	24. Was diseasa or injury in any way related to occupation of deceasad?	٥.
(Addrass) Vinfely MA	If so, specify	
20. FILED Dec 30 1932 6. M. Farrer	(Signad) as	\M. D.
Eveal Registrar.	(Addrass) New Wew M	4

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage.	July 5,1927	Peritonitis	3 days ago
W. W			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA-

1. PLACE OF DEATH County Canada County Village or City Langth of residence in city of mum where death occurred. Village or City Langth of residence in city of mum where death occurred. Village or City Langth of residence in city of mum where death occurred. Village or City Langth of residence in city of mum where death occurred. Village or City Langth of residence in city of mum where death occurred. Village or City Langth of residence in city of mum where death occurred. Village or City Langth of residence in city Langth	STATE OF MARYLAND—	CERTIFICATE OF DEATH 13040
Village or City Length of residence in city actions where death occurred. Length of residence in city actions where death occurred. 2. FULL NAME (a) Residence: No. (Usual place of abods) St. Ward. If nonercident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE 5. SINGE, MARRID, NEDOWED, Or Grant Business of April 1985 And Or Grant Business or Grant Busin	1. PLACE OF DEATH	(82-6)
Length of residence in city agrown where death occurred. Length of residence in city agrown where death occurred. 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residence: N	County Canal	Registration Dist. No.
Length of residence in city and own where death occurred. Length of residence in city and own where death occurred. 2. FULL NAME (a) Residence: No. (Usual place of shode) PERSONAL AND STATISTICAL PARTICULARS 3. SIX 4. COLOR OR RACE (B. SI, MARKELD, WOONES) (Usual place of shode) PERSONAL AND STATISTICAL PARTICULARS (World) (B. SI, MARKELD, WOONES) (B. Ward. I nonverident sine city or lown and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH (Boy) (Boy) (Chy)	Village or City Currion Carells	No. / St Ward
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PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DAYORCED (variet by word) 6. DATE OF BIRTH (month, day, hand year) 6. DATE OF BIRTH (month, day, hand year) 7. AGE 8. Industrie, worder of the selected accessed of importance were at following: SAWTER, BODAKEFFR, etc. 9. Industry or business in a which ILL SAW MILL, BARN, etc. 10. Oste decade date worked et this occupation (month end year) 9. Industry or business in switch 11. Total time (years) 9. Industry or business in switch 12. BIRTHPLACE (city or town) (Site or country) 13. NAME 14. BIRTHPLACE (city or town) (Site or country) 14. BIRTHPLACE (city or town) 15. BIRTHPLACE (city or town) (Site or country) 16. DATE OF BEATH 17. Informant 18. BURNAL CREMATION, OR REMOVAL Place 19. Industry 10. Oste decade date worked et decade date worked et disposition. 10. Glade case date and the state of the second and the state of the second and the state of the state of the state of the state of the work of	2. FULL NAME Many Office	Trock 1
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR D-MORRIED Craim: the world of Control the World Craim: the world of Control the World Craim: the wo		
3. If married, wickned, or divorced (cr) will be something to the standard deceased, from the standard deceased from the standard		
Sa, If meried, widowed, or divorced HUSBANO of Corp. Where of Corp		
HISBAND of (or) Wife of Or aniel Photo (or) What is a slower of the profession, or particular with the profession of the particular with the profession of particular with the particular with the profession of particular with the profession of particular with the profession of particular with the particular within the particular with the particular with the particular with the particular within the particular within the particular within	Temale White OR DIYORCED (write the word)	Des 3 ,1982
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 doy, mints. or, min. 9. Idey, mints. or, min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAKK, etc. 10. Date of cecased last worked et you's particular content of the spin in this occupation month end you's occurred on the date stated above, at. 9. m. The PRINCIPLA CLUSE OF DEATH and related causes of importance were as follows: 10. Date of onset 11. Total time (years) spin in this occupation month end you's) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURLAL (REMATION, OR REMOVA) Place (LAMADER ARER (Address) Manner of injury Name of operation. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) Manner of injury Nature of injur	I UIICDAND	(Vin 21. 4 C)
7. AGE Years Months Days If LESS than 1 day	6. DATE OF BIRTH (month day and year) Selle 34-15-5	1 2 A 200
3. Trede, profession, or particular kind of work done, as SPINKER SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SI kink IIL, SAM MILL, BARK, etc. 10. Date deceased last worked at his occupation (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place 19. Understanding the state of the state		2, 0001113 3010
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		2411 N. Charles Street Balishare Requesting T.) S. Na.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	and the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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1. PLACE OF DEATH County Village or City Lesph of residence in city follown where death cognited 2. FULL NAME (a) Residence: No. Clust place of abrido. (b) Residence: No. Clust place of abrido. St. Ward. If nonecident give city or towns and State PERSONAL AND STAYSTICAL PARTICULARS St. St. Ward. If nonecident give city or towns and State PERSONAL AND STAYSTICAL PARTICULARS St. Ward. If nonecident give city or towns and State PERSONAL AND STAYSTICAL PARTICULARS St. Ward. If nonecident give city or towns and State PERSONAL AND STAYSTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF BEATH (Nonth) (Outy) 193 193 193 193 193 194 20. If HEREBY CERTIFY. That I attended decreased from the company of the compan		STATE OF MARYLAND—	CERTIFICATE OF DEATH 13041
Village or City. Ward Length of residence in city & from where death occurred Yyst month Management Managemen		1. PLACE OF DEATH	95-P
Langth of residence in city Syltom where death cognited 2. FULL NAME (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 3. SEX (COLOR OR RASE (A) Experimental discovery-advices of the state of t	/	County aproll	Registration Dist. No. 8
Langth of residence in city (Arbonn where death) occurred. 2. FULL NAME (a) Residence: NO. (b) Maniphore of broks PERSONAL AND STATYSTICAL PARTICULARS STATE OF BIRTH (Month). (b) S. SINGE, MARRID, WHO O'CHO O'C	/		
(a) Residence: No. (b) Mullaplace of abroid: PERSONAL AND STATISTICAL PARTICULARS 2. SEX (c) COLOR OR RADE. (c) SINCLE MARRIED WRONGED (or Wife of or owner) (or wife of or owner) (or owner)		1 / 1	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RAGE. 5. SINGLE, MARRIED, WIDOWED. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Monthly Days 11 LESS than 1 day, hrs. 6. Trade, protession, or particular 8. Trade, protession, or particular 90 1. SAW MILL, BANK, etc. 1. Trade limit (years) Saw Mill, BANK, etc. 1. Trade limit (years) Saw Mill, BANK, etc. 1. Institute (city or town) (State or objunity) 1. MANDEN NAME 1. Institute (city or town) (State or objunity) 1. Name of operation. (State or objunity) 1. Name of operation. (State or objunity) 1. Name of operation. (State or objunity) Name of operation. Name of operation. (State or objunity) Name of operation. Name of operation. (State or objunity) Name of operation. (State or objunity) Name of operation. (State or objunity) Name of operation. Name of operation, object, city or town, county and State) (State or objunity) Name of		2. FULL NAME Inselda Dabilla	Huse
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Sa. If maridel, widowed; se-divorced (Wonth) Sa. If maridel, widowed; se-divorced (Wonth) Sa. DATE OF BIRTH (month, day, and year) Sa. DATE OF BIRTH (month, day, and year) Sa. Trada, profession, or particular to day. Sa. Trada, profession, or part		3. SEX COLOR OR RACE . 15. SINGLE, MARRIED, WIDOWED,	
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TAGE Veers Months Days If LESS than I day, hrs. Or. min. 8. Trada, profession, or particular skind of work done as SINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWKIE, BARN, etc. 10. Date decessed last worked et this occupation (month and year) 12. BIRTHPLACE (city or town). (State or obunity) 13. NAME 14. BIRTHPLACE (city or town). (State or obunity) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or obunity) 17. INFORMANT 18. BURIAL, CREMATION, OF REMOVAL PIECE (Address) 18. BURIAL, CREMATION, OF REMOVAL PIECE (Address) 19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. Was these or injury Neture of injury Neture of injury 19. UNDERTAKER (Address) Manner of injury Neture of injury 19. UNDERTAKER (Address) Manner of injury Neture of injury Neture of injury Neture of injury Neture of injury 19. (Address) Manner of injury Neture of injury Net		HUSBAND of	
S. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at. 2 G		(or) WIFE of	
T. AGE Years Monthly Days If LESS than I day, hirs- or min. Bate of metal and related causes of importance were as follows: Were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Were as follows: Provided the search of the date stated above, at. 25 G. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Were as follows: Provided the search of the date stated above, at. 25 G. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Were as follows: Provided the search of the date stated above, at. 25 G. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Were as follows: Provided the search of the date stated above, at. 25 G. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Were as follows: Provided the search of the date stated above, at. 25 G. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Were as follows: Date of the death stated above, at. 25 G. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Were death of the search of th	e.	6. DATE OF BIRTH (month, day, and year)	
Second S	icat	7. AGE Years Months Days If LESS than	
Second S	rtit		were se follows:
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14. BIRTHPLACE (city or town) Manual of operation Date of		- Ing occapation (month and	1
Name of operation. Date of What test confirmed diagnosis? Was there an autopsy? What test confirmed	ıctioı		Other Contributory Causes of importence:
14. BIRTHPLACE (city or town) Manual of operation Date of	stri		
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15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or odunity) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OF REMOVAL Plece 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. MAIDEN NAME 12. MAIDEN NAME 12. Mainer of injury Neture of injury 22. Manner of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OF REMOVAL Plece 19. UNDERTAKER (Address)	Sec	(State or bountry)	
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20. FILED C. M. D. (Signed) (Signed) (Address) (Address) (Address) (Address) (Address)		Plece fintlys Com Dete \$32626932	
20. FILED TO THE Registrar. (Address) Lewis G. M. D. (Address)	TION		24. Was disease or injury in any way related to occupation of deceased?
		20. FILED SC VI. 1932 See 2 2 Poly	(Signed) M. D.
	-		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING LAND Stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. Brack-statement of OCCUPA. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. JARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13042
1. PLACE OF DEATH	90
/ County Cours 22	Registration Dist. No. 7
Village or City lesiantewn	No. St., Ward
(If Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Woo Mary Catherine	Gilbert
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed or divorced	21. DATE OF DEATH 12 - 25 - 193 2 (Month) (Day) (Year)
HUSBANIO OF Edwin Friffith Silbert	22. I HEREBY CERTIFY, That I attended deceased from 12-22-1937 to 12-25 1937
6. DATE OF BIRTH (month, day, and year) about 5, 1848	
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, at 7 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular 4	Carlings Chroses Grotual
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Care DIC (State or country)	Other Contributory Causes of importance:
011-01	
14. BIRTHPLATE (city or town)	Name of operation Date of
# 15. MAIDEN NAME Warrano & Dean	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Margaret Plan 16. BIRTHPLACE (city or town) (State or equity)	Accident, suicida, or homicide?
17. INFORMANT J. Helder Filbert (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL , PIACULA H. Jod Uniontermore Dec 25, 1938	Manner of Injury
19. UNDERTAKER LOSS JURANT SON	24. Was disease or injury In any way related to occupation of deceased?
20. FILED. Dec 28, 193 & Margaset R. Englan	(Signed) N. Legg M. D. (Address) Illusius Carelin
If more blonks are needed address State Registrar	24TT N Charles Street Relationers Promotion (7) S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

V. S. No. 1

STATE C	F MARYLAND—	CERTIFICATE OF DEATH	196.40
1. PLACE OF DEATH		59	13043
County Carrally	· · · · · · · · · · · · · · · · · · ·	Registration Dist. No.	74
Village or City Ry Su	evelle, "	Now Att 1115 Sell Med S f death opcurred in a hospital or indipolion, give its NAME instead of street	et and number)
Length of residence in city of town where d		//	
2. FULL NAME	ie Kung &	elliuss . D -	
(a) Residence: No.	(Usual place of abode)	St., Ward. Wellierds If nonresident give city or tow	n and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	тн
3. SEX 4. COLOR OR RACE Whele	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Vecaulus (Month) (Day)	, 193 9 > (Year)
5a. 11 married, widowed, or divorced HUSBAND o1 (or) WIFE o1	Things .	1 HEREBY CERT AY, That I att	ended deceased from
0 0	ne 1. 1552	last saw here alive on Face 25 15	33; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days II LESS than	to have occurred on the date stated above, at /2 /y _m.	; death is said
70 11	2 4 1 day,hrs.		e Date of onset
8. Trada, prolession, or particular kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc.	1.000	A.	
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	-	Traketes	192
10. Data daceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) New	erute	Other Contributory Causes of importance:	
(State or country) Lace 13. NAME Lace 1		Deels Menacules	19 02
13. NAME	eng		
14. BIRTHPLACE (city or town)	chaux		le 01
	Mark land	What test confirmed diagnosis? Was the	
15. MAIDEN NAME CALLE 16. BIRTHPLACE (city or town) (Stata or country)	ugland.	23. If death was due to external causes (VIOLENCE) fill in also the 10 Accident, suicide, or homicide? Date of injury	
17. INFORMANT Apple	Recardo .	Where did injury occur? (Specify city or town, county a Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	nd State) .IC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Place Lockeville Mo	1. Date 12/25/ 19 3	Manner of injury	
19. UNDERTAKER Marrier E. (Address) Rockwill	Jung huy	24. Was disease or injury in any way related to occupation of decease	ed?
20. FILED & 425 19 37 C	Harry Herr	(Signed) Agg M (esc (Address) Deposite	M. D.
If more	blanks are needed, address State Registrar,	. 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			5.4

V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH. 1	3044
1. PLACE OF DEATH		(52-a)	
County small		Registration Dist. No.	
Village or City Juylorsail	le,= 1P. F.D. new		War
Length of residence in city or town where death	A//	ds. How long In U. S. if of foreign birth?yrsmos	
2. FULL NAME Scorge	H. Grimes.	Lz.	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193. ½
5a. If married, widowed, or divorced HUSBAND of	1		
(OF) HITEEOF Catherine V.	rinos.	22. J HEREBY CERTIFY, That I attended d	eceased from
6. DATE OF BIRTH (month, day, and year) 1854	1-2-10		death is sei
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 3 H 2 Pm.	
78 10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, fan SAWYER, BOOKKEEPER, etc.	mer (estired)	side d'extertition + Spech	146/3:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and			
Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Carrott (State or country) mans	ll les,	Other ton Dibutory Causes of importance:	
13. NAME Jashua St	lines.		
13. NAME Johns Hall 14. BIRTHPLACE (city or town) 2. (State or country)		Name of operation Date of	
œl. 90. 5	- '	What test confirmed diagnosis? Was there an au	
16. BIRTHPLACE (city or town) 16. State or country) 17. Manual Control of the country of the c	whened.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT leatherine V. L. (Address) P. F. D. new 77	Frines.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC) CE.
18. BURIAL, CREMATION, OR REMOVAL Place Daylers ille County	ate Dzc.=2/=,1932.	Manner of Injury	
19. UNDERTAKER La. M. Watty. (Address) Himinal M	enst,	24. Was disease or injury in any way related to occupation of deceased?	200
20. FILED Dec 20, 1932 &.	m. Farrer	(Signed) La le Stately	M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street dir	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
		-E361 \$ 6 330	
		1550	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

ARGIN RESERVED

WRITE

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LION

Registrar.

(Address) S. S. Hoak us y Mesurly, Mid.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13045
1. PLACE OF DEATH	(11-6)
County Carroll,	Registration Dist. No. 83
Village or City Ly Resoulle T. F. D.	Z, No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
male Phile OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (month day and year) 1927-1-16	5 Man (1/ 3b)
6. DATE OF BIRTH (month, day, and year) / 92 / - 3 - / 6 7. AGE Years Months Days If LESS than	I last saw h ; death is said to have occurred on the date stated above, at
1 day,hrs.	to have occurred on the date stated above, at
8 Trade profession or particular	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, At home. SAWYER, BOOKKEEPER, etc.	Non-spidemic, Cuis R
9. Industry or business in which	a production of the second
work was done, as SILK MILL, SAW MILL, BANK, etc	probably simpliconzal sequence.
10. Date deceased last worked at this occupation (month and year)	F. 7
11 -16	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (Stata or country) (Stata or country)	
	·
T	
(State or country)	Name of operation Date of
15. MAIDEN NAME Rosa V. Hawr.	What test confirmed diagnosis?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) loan rale lao, (State or country) Many land.	Accident, suicide, or homicide?
O = 1 in Make = 00.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Of Resorble Hed,	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of metzer Countrate Dic, 2/6,1832.	Nature of injury
19. UNDERTAKER & M. Walt.	24. Was disease or injury in any way related to occupation of deceased? U.O.
(Address) It is fill med.	If so, specify
20 FUED 10C/4 32/8/10 M 2610/17	(Signed) Names 10. Aprechier M.D.
20, FILEW LE Registrar.	(Address) for 15 es office Tuel
Af more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of in	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUI	TION is very important. See instructions on back of certificate.	

STATE OF MAR	RYLAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	Monrelond	Tuberculosis Sanatorium, 74	47
County Carroll County		Tuberculosis Sanatorium 74 Colored Branch Registration Dist. No. 74	
Village or City Henryton, Maryl	and.	No. St., f death occurred in a horpital or institution, give its NAME instead of street and num	Ward
Length of residence in city or town where death occurred	0	s. 10 ds. How long in U.S. if of foreign birth?	nber)
2. FULL NAME Henry Jackson			
(a) Residence: No. Millington, K		Md 9t. Ward.	
(Usual plac	ce of abode)	If nonresident give city or town and St	ate
PERSONAL AND STATISTICAL PART		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCE SINGLE, MA	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH December 16, 1932 (Month) (Day)	193 (Year)
5e. If merried, widowed, or divorced HUSBAND of			annead from
(or) WIFE of Unmarried		April 6, 1932, 19 Dec., 16, 1	952
6. DATE OF BIRTH (month, day, and year) Queg. 14	- 1918	Hast sew h im elive on Dec., 16, 1932	deeth is said
7. AGE Years Months Deys	If LESS than	to have occurred on the date stated above, at 3 . 45 . P . M .	
14 4 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
8. Trade, profession, or particular		Pulmonary Tuberculosis	Date of onset
kind of work done, as SPINNER, Scholar SAWYER, BOOKKEEPER, etc.			Sept
kind of work done, as SPINNER, Scholar SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MfLL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this open, aking month and			1931
10. Date deceased lest worked at 11. Total	time (years)		
this occupation month and unstream vear)	ent in this Cupaided		
12. BIRTHPLACE (city or town) Millington, (State or country) Maryland.		Other Contributory Causes of Importance:	
13. NAME Clarence Watson			
13. NAME Clarence Watson 14. BIRTHPLACE (city or town) Blanco, (Stete or country) Delaware,		Name of operation	O We.
15. MAIDEN NAME Emma Elizabeth	Jackson	23. If death wes due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Emma Elizabeth 16. BIRTHPLACE (city or town) Millingtor (State or country) Warylar		Accident, suicide, or homicide? Date of Injury Where did Injury occur?	, 19
17. INFORMANT John E. O'Neill, A. (Address) Henryton, Id.		(Specify city or town, county and State) Specify whether Injory occurred in IMDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL Place Filey Mech Com. Date 12/	19 ,1,32	Manner of injury	49
19. UNDERTAKER SOUCH & DO (Address) Middle Journ Del	re-	24. Was disease or injury in any way related to occupation of deceased?	No.
20. FILED 12/16/33 Thu 6. (Mill.	(Signed) Mr G. C. Mar. (Address) DELEGATION	M. D.
		, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I -	-	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 5 1992	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	
		•		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
------------------------------------------------------	------------	----------	----------	------------	----	-----------

item of inforshould state OCCUPA-Jo PHYSICIANS RECORD. Every statement Exact PERMANENT stated EXACTL properly classified. FOR BINDING certificate. MARGIN RESERVED plnods See instructions on back CAUSE OF DEATH in plain terms, so that it may carefully TION is very important. mation should -WRITE V. S. No. 1 N. B.

STA	ATE OF	MAR	YLAND-	CERTIFICATE OF DEATH	3048
1. PLACE OF DEATH				<u>(3)</u>	~ 1
County Carrol	County	7		Registration Dist. No.	74
Length of residence in city or	r town where death	occurred	(If yrs,mos	eldnoState Hospital St., death occurred in a horpital or institution, give its NAME instead of street a death occurred in a horpital or institution, give its NAME instead of street a death occurred in a horpital or institution, give its NAME instead of street a death occurred in a horpital with a death occurred in a horpital street and occurred in a horpital or institution, give its NAME instead of street a death occurred in a horpital or institution, give its NAME instead of street a death occurred in a horpital or institution, give its NAME instead of street a death occurred in a horpital street and occurred	mos. ds.
2. FULL NAME Classification (a) Residence: No. Br				es sCo Moward	
(a) Nesidence. No. D.L.	7.941A9A1925	(Usual place	of abode)	If nonresident give city or town	and State
PERSONAL AND	STATISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX 4. COLOR O			RIED, WIDOWED. O (write the word) ed	21. DATE OF DEATH December 2 (Dey)	, 193.2. (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Harvey 6. DATE OF BIRTH (month, day, en	Johnson		0, 1889	22. I HEREBY CERTIFY, That I etten November 19, 1932, to December I lest saw h. er elive on December 1, 193	2,1932
7. AGE Years 43	Months 1	Days 12	If LESS then 1 dey,hrs. ormin.	to have occurred on the date stated above, at 4:15 m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: Chronic Interstitial	Date of onset
8. Trade, profession, or perlic kind of work done, es S SAWYER, BDOKKEEPER 9. Industry or business in wh	PINNER, HOU	usewif	e	Nephritis	1926
kind of work done, as SAWYER, BDOKKEEPER 9. Industry or business in wh work was done, as SILK SAW MILL, BANK, etc 10. Date deceased lest worked this occupetion (month year) - NOV.	at	11. Totel ti	me (years) nt in this 29	C. Tr'labe y and e	
12. BIRTHPLACE (cily or town) (State or country)	Prince (George	's Co. M	Dither Contributary Causes of importance: Uremia Nov.	9, 1932
E 13. NAME George	R. Cler	nents			
13. NAME George 14. BIRTHPLACE (city or town) (Slete or country)	Charle	s Co.	Md.	Name of operation Delewhat test confirmed diegnosis? Lab. tests wes there	
15. MAIDEN NAME RO	se Verno	on		23. If deeth wes due to externel ceuses (VIOL ENCE) fill in elso the follo	
15. MAIDEN NAME ROS			D. C.	Accident, suicide, or homicide?Dete of injury Where did injury occur?	, 19
Hospita	al Recor	rds		(Specify city or town, county and	

17. INFORMANT HOSPITAL RECORDS

(Address) S. S. HOSD. Sykesville, Md.

18. BURJAL, CREMATIDN, OR REMOVAL

(Address) Dete Ser. 5, 19.37

19. UNDERTAKER (Address) Wakes (Address)

20. FILED Ser 7, 19.37

(Registrat.

Neture of injury

24. Wes disease or injury in any way related to occupation of deceased? NO

If so, specify

(Address) S.S. Hospinsythes will,

Manner of injury

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			100

	item of infor-	S should state	of OCCUPA.	/
	TRECORD. Every	Y. PHYGICIANS	Exact statement	
FOR BINDING	IS A PERMANEN	stated EXACTL	properly classified.	certificate.
IARGIN RESERVED FOR BINDING	UNFADING INK-THIS	supplied. AGE should be	terms, so that it may be	e instructions on back of
	-WERTE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH Maryland Tube County Carroll Colore Village or City Henryton, Maryland	CERTIFICATE OF DEATH reulosis Sanatorium d Branch Registration Dist. No. 74 No. (Above) St, Ward f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. N of foreign birth? yrs. mos. ds.
2. FULL NAME Ida Johnson	
(a) Residence: No. 1630 Mullikin St., Bal	TO St., Md. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. color or RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH Dec., 10, 1932 (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WtFE of	Jan., 8, 1932, 19 cec., 10, 1932
6. DATE OF BIRTH (month, day, and year) Aug., 15, 1912 7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 5.00 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Domestic SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Unknown SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and Unknown occupation) this part in this occupation (month and Unknown occupation) the companion occupation occu	Pulmonary Tuberculosis Sept. 1931
12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland	Other Contributory Causes of Importance:
14. BIRTHPLACE (city or town) Unknown (State or country) Virginia	Name of operation Data of What test confirmed diagnosis? Was there an autopsy? \(\textit{No.} \)
15. MAIDEN NAME Clara Lindsey 16. BIRTHPLACE (city or town) Unknown (State or country) Virginia	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT John E. O'Neill, M. D. (Address) Henryton, Maryland. 18. BURIAL, CREMATION, OF REMOVAL	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE. Manner of Injury
Place Date Date 13, 19, 32 19. UNDERTAKER Address) 6 5 m 5 february 157	Nature of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

HEusyton.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	9
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B ż TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND—	CERTIFICATE OF DEATH	1050
1. PLACE OF DEATH		93-50 Pagishestica Diet No. 7/	
County Carroll Village or City Wastrums	POBATE LIMITE OF	No. 132 Perm are St.	Word
village or City Living	(If	No. 132. Berm and St., death occurred in a hospital or institution, give its NAME instead of street and num	mber)
Length of residence in city or town where death	occurred 67 yrsmos	ds. How long in U.S. if of foreign birth?yrsmos.	ds.
2. FULL NAME Gora	Drnight		
(a) Residence: No. 132 Person	ave	St., Ward.	
PERSONAL AND STATISTICA	(Usual place of abode)	If nonresident give city or town and St MEDICAL CERTIFICATE OF DEATH	ate
3. SEX 4. COLOR OR RACE 5. S.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Marie d	21. DATE OF DEATH Des 28 (Month) (Day)	193 -2 (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Each, Ang	ht	22. DI HEREBY CERTIFY. That I attended des	ceased from
6. DATE OF BIRTH (month, day, and year) July	4-18-63	I last saw h. L. A alive on Dic 23 , 19 32,	death is sald
7. AGE Years Months 0	Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	uservife	Thys cardios; chronic.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	/	Cw4A	
1b. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Washing T. (State or country)	on les	Other Contributor Causes of importance:	
	marytana	acul delatation of heart	
13. NAME William IX 14. BIRTHPLACE (city or town) Washing (Stata or country)	into the	Name of operation Data of	
1	010 . 1.1.	What test confirmed diagnosis?	opsy!
15. MAIDEN NAME Martha 16. BIRTHPLACE (city or town) Markin (State or country) marny	Services Ces	Accident, suicida, or homicide? Date of Injury Whera did injury occur?	, 19
17. INFORMANT ESLA: DY RIC (Address) / 32 Penn. ave	ght menter	(Specify city or town, county and Stale) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR REMOVAL Place W. Lalvis Mars Laboration A. A. S. Co.	ate Dec 27, 1932	Manner of injury	
19. UNDERTAKER AHBankurd (Address) Westmunder	+ Son	24. Was disease or Injury In any way related to occupation of deceased?	
20. FILED / 7/24 1932 Files	Registrat.	(Signed) W.C. Strandt	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of cpilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		GEAGOSM	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	13031
County Carrall	Registration Dist. No.
Village or City Ry Resealls	No pring feeld state Non Belowerd
Length of residence in city or town where death occurred 2 9-yrs. 3 mos	f death occurred in a hospital functioning give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Flarence Lang	Cellan O - 1
(a) Residence: Np. (Usual place of abode)	St., Ward. Jewis Makey and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sa. If married, widowed, or-divorced	21. DATE OF DEATH Security 24, 193 2 (Month) (Day) (Year)
HUSBAND of (or) WIFE of A. D. Laugfellen.	22. 1 HEREBY CERTIRY, That I attended deceased from 19.05, 10. Selection 24, 19.32
6. DATE OF BIRTH (month, day, and year) (lakers) 1958	I last saw h_ alive on Delector 23, 19.22; death Is said
7. AGE Years Months Days If LESS than f day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Tulerculeren of the 1916
kind of work done, as SPINNER, SAWYER, BDOKKEFER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 16. Date deceased last worked at this occupation (month and	Lengo
f 0. Date deceased last worked at this occupation (month and year)	
f2. BIRTHPLACE (city or town) Manyland (State or country)	Dther Contributary Causes of importance:
	Newwyan asker 170.
13. NAME (action 14. BIRTHPLACE (city or town) Decetary Md	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margaret Areacan 16. BIRTHPLACE (city or town) - Marghand	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
E (State or country)	Where did injury occur?
17. INFORMANT Nacpital Recedo.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL To Date Dec 26, 1932	Manner of Injury
19. UNDERTAKER In Jicke In (Address) Land P.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Dec 24, 1932 CHarry Neer Registrar.	(Signed) Blaces M. Reso M. D. (Address) Neckesvolis Med
If more blanks are needed, address State Revietear	Tare N. Charles Street Religious Properties 91 C. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

JARGIN RESERVED

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 13002
1. PLACE OF DEATH	82-0
County Correll	Registration Dist. No. 8/
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	1 10
2. FULL NAME Mrs annie M. Mar	shall
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (curite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSDAND of (or) WIFE of	22. La I HEREBY CERTIFY. That I attended deceased from
William Marshall	mov 15 , 1932, 10 Dec 3 , 1932
6. DATE OF BIRTH (month, day, and year) 7 4, 1847	I last saw her alive on Oce 3 192 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Zm.
851 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housework SAWYER, BDDKKEEPER, etc.	Alleria - Melen 211
9. Industry or business in which	1920
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spent in this occupation cocupation	
0 . 0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	(D)
	Leveral alumbage morn
14. BIRTHPLACE (city or town)	1432
4. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
E 15. MAIOEN NAME	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MAR. W. W. High (Address) Laman Buldare ma	Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Whiteh Date Date Olles 6 , 1933	Nature of injury
19. UNDERTAKER LOSSINS Pon (Address) Sanki Dun , md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dec. 5, 1932 Of Eichman	(Signed) Roland R. Deller J. M. D. (Address) Delour M.D.
16 11 11 11 11 11	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13053
1. PLACE OF DEATH	82:0/
County Carroll	Registration Dist, No. 7.1
Village or City Uniontown	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Mrs. H. Turginia mu	xus_
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	12 25 1937
5a. If married, widowed or diversed	(Month) (Day) (Year)
(or) WIFE of Some Soul State of State o	22. HEREBY CERTIFY, That I attanded decassed from
1 Marie 1 Marie 1	12-20-1932, to 12-25-, 1932
6. DATE OF BIRTH (month, day, and year) 21, 1850	I last saw h & alive on
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 2 - 4 - m.
82 3 4 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profassion, or particular	Date of onset
kind of work done, as SPINNER, Housework	Varoughes
9: Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc	
	Cerefront Thousands
O 10 Date decaasad last workad at this occupation (month and yaar)	wavely morning
Occupation	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town)	
(Stateper country)	quesas debelita-
13. NAME ALW Starve	
4 14. BIRTHPLACE (city or town)	Nama of operation Date of
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Ocuth hours	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicida? Date of injury, 19
Stata or country)	Whara did injury occur?
17. INFORMANT Mr Jalamon mylis	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Umoleun, Onk	
18. BURIAL CREMATION, OR REMOVAL	Manner of Injury
Placal 1. S. William Date VIC. 25 , 193 -	Nature of Injury
19. UNDERTAKEN DEL SUASTE SON (Addrass) Santy Ptin, me.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED De 2-7, 19 3 2 Mangagart R. Englan Registrar.	(Signad) Ti Vi Ligg M. D. (Addrass) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULL			
Other contributory causes of importance:	2	Other contributory causes of importance:	0 3
Gallstones	May 1,1923	Gastroenteritis	1 year
	/	<u> </u>	

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1.	PLACE O		H			erculosis Sanatorium	5004
	County Carroll Col				Col	lored Branch 23 Registration Dist. No. 74	
	Village or (City Hen	ryton,		O yrs 1 mos	No. (above) St, death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. N of foreign birth? yrs	Ward
2.				sley Nic	comico Co	St, Md • Ward. If nonresident give city or town an	d State
rtera es	PERSON	VAL AND	STATIST	ICAL PART		MEDICAL CERTIFICATE OF DEATH	2 Diate
3. SI		4. COLOR		5. SINGLE, MAR	RED, WIDOWED. D (write the word)	21. DATE OF DEATH Dec., 12, 1932 (Month) (Day)	, 193 (Year)
5a. l	f married, widow HUSBANO of (or) WIFE of	wed, or divorce		le Nicho	les	Nov., 11, 1932, to Dec., 12,	deceased from
6. D	ATE OF BIRTH	(month, day, a	Months	July, 4,	1875	to have occurred on the date stated above, et 10.35 m.A.M.	_; death Is said
z	5. Trade, profe	ession, or part	icular SPINNER, ER, etc.	8	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Pulmonary Tuberculosis	Date of onset
0	9. Industry or business in which work wes done, as SILK MILL, Unknown SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and nknown year) BIRTIIPLACE (city or town) Jesterville (State or country) Maryland				lime (years) nt in this nknov upation	Other Coutributory Causes of Importence:	1932
ER	(State or cou	antry)		is Nicho	les		
E	14. BIRTHPLAC	E (city or town	Jeste Mary	erville land		Name of operation Date of What test confirmed diegnosis? Wes there en	eutopsy? We
ER	15. MAIDEN NAME Annie Jones					23. If death was due to external causes (VIOLENCE) fill in also the following	
Σ	16. BIRTHPLACE (city or town) Jesterville (State or country) Maryland 7. INFORMANT John E. O'Neill, M. D.				T)	Accident, suicide, or homicide? Date of Injury Where did Injury occur? (Specify city or town, county and St	ale)
	(Address)	Henryt	on, Ma	aryland.		Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC P	LAUE.
><	Soule	sby	my M	Doi Tec	14 1933	Neture of injury	
19.	UNDERTAKED (Address)	If in	Lier	ef In	list.	24. Was disease or injury in ony way related to occupation of deceesed?	no.
20.	FILED 12/	12/329	Depi	Lu 6. C		(Signed) (Address) (Addres	Tud

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvaut—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis Le 3	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Dec.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Ä ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH	055
1. PLACE OF DEATH	940	
County Larroll	Registration Dist. No. 43	
Village or City / Clees Will	No	Ward
	death occurred in a hospital or institution, give its NAME instead of street and nu-	
2. FULL NAME Janes Garr Passis	h	
(a) Residence: No. WEsturuster Med,	R. W. Wolso, S.	
(Usual place of abode)	If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	itate
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male White OR DIVORCED (write the word)	DERRUGEN 26 (Month) (Day)	193.3 2(Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Marther Parish	22./ I HEREBY CERTIFY, That I ettended d	14 4.
6. DATE OF BIRTH (month, day, and year) July 31 4 1858	Hast saw h Lu alive on Occurry 26 19 32	deeth is seld
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at9.Am.	
74 4 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Caspeules SAWYER, BOOKKEEPER, etc.		12/26/32
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this pecunation (month and	auguin Pacloais_	
10. Date deceased last worked at this occupation (month and Oct 22 11. Total time (years) 35 occupation.		
12. BIRTHPLACE (city or town) Cassel Courle	Other Contributory Canoes of Importance:	
(State er country) Monyland	Chrome Mys Condition	
13. NAME James Parish	advanced testario telessis-	
13. NAME James Parish 14. BIRTHPLACE (city or town) Lower Lo (State or country) Many Lower Low	Name of operation Date of What test confirmed diagnosis? Was there an au	, luo -
15. MAIDEN NAME Ruth Skilling	What test confirmed diagnosis?	
15. MAIDEN NAME / Cuth Akiduses 16. BIRTHPLACE (city or town) Donnee Lo (State or country)	Accident, suicide, or homicide? Date of injury	
17. INFORMANT Monthe Phraish	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Specify city or town, county and State.	CE.
18. BURIAL, CREMATION OR REMOVAL Place Bathleska Centry Date Dre 7-1932	Manner of injury	
19. UNDERTAKER W. Malty, Made,	24. Was disease or injury in any wey related to occupation of deceased?	lio-
20. FILED LER 28., 1932 Willow Gliman Registrar.	(Signed) (Address) WESturuster Maryla	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13056
1. PLACE OF DEATH	
County Correll	Registration Dist. No.
Village or Cityrean Danly Cour	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FILL NAME This Martha Trace Pro	din acr.
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (which the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Oct 12 1221	22 22 11, 1932, to Net 2311, 1983
6. DATE OF BIRTH (month, day, and year) 10, 1926 7. AGE Years Months Days If LESS than	I last saw h
1 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
S. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	To far Inemamid Dec 19
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years)	Both Line dymy W1982
SAW MILL, BANK, etc	when I tris soul
this occupation (month and spent in this occupation occupation	nest un 65-c22 nd/932 at/PM
51.0	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State of country)	
II 13. NAME herry L. Ridnell	
13. NAME COMM A. Undruger 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lilla M. Shildt	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Lolda M. Shildt 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT NEVER VERMEN R.D.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Mary Date Date 25 , 1935	Nature of injury
19. UNDERTAKER (Address) Sancy Sun	24. Was disease or injury in any way related to occupation of deceased?
20, FILED DUNS, 1934 () GUUTINA Registrar.	(Signed) (Address) (Address) (Address) (Address) (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	p.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. PHYSICIANS mation should be carefully supplied. AGE should be stated EXACTLY. properly classified. BINDING TION is very important. See instructions on back of certificate. FOR pe ARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may

V. S. No. 1

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should state

	CE OF DEA			ryland T	Solored Branch & Prince Bills 74
Villa		Henryton		and (I	No. (800V8) St, Wa (If death occurred in a horpital or institution, give its NAME instead of street and number)
				U_yrs,4_mo	nos. 6 ds. How long in U.S. it of foreign birth?yrsmos
		Phomas R			
(a) 1	Residence: No	1028 E.	Monumen (Usualplace	t St., B	Baltso, • , McWard. If nonresident give city or town end State
PEI	RSONAL A	ND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX		or or RACE	5. SINGLE, MAR OR DIVORCE Sing	RIED, WIDOWED. D (write the word) 1 e	21. DATE OF DEATH Dec., 18, 1932 (Yaar) (Month) (Yaar)
5a, If marrie HUSBA (or) WI	d, widowed, or div ND of FE of	rorced			22. I HEREBY CERTIFY. That I attended decaased fr
		ay, end year) De	c. 15.	1913	Aug., 12, 193219, to Dec., 18, 1932 Hast saw hill alive on Dec., 18, 193219; death is s
7. AGE	Years 19	Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at $4 \cdot 30$ $4 \cdot 10$. The PRINCIPAL CAUSE OF DEATH and related causes of importance
z 8. Trae		particular Las SPINNER. I	3	ormin.	were as follows: Pulmonary Tuberculosis Date of one
OD Solution	stry or business work was done, as SAW MILL, BANK,	in which SILK MILL, etc	nknown	ime (years) nt in this upation 11 KNOW	Aug. 1932
12. BIRTHPI	LACE (city or town	, White	Salt		Dther Contributory Couses of importance:
13. NAM	1E	Hampt	on Jone	S	
	THPLACE (city or (State or country)	town) Unkno	wn Caroli	na	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAI	DEN NAME	Flore	nce Gra	nt	23. If death was due to external couses (VIOLENCE) fill In also the following:
	THPLACE (city or (State or country)			na	Accident, suleide, or homicide? Date of injury, 19 Where did Injury occur?
17. INFORMA	ANT John	n E. O'N	eill, Maryland		(Specify city or town, county and Stote) Specify whether Injury occurred in INOUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL,	CREMATION, DR	REMOVAL	4	En 18,1932	Manner of injury
19. UNDERT	AKER SO	Bull.	Made	nsley	24. Was disease or injury in any way related to occupation of deceased?
20. FILED_	12/18/3	Depu		Registrar.	(Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Addressing U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

a Color by

2578

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis RECEIVET	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURNAFT				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	

-WRITE PLAINLY, W	TTH UN	RGIN F	ESER INK-	VED	IARGIN RESERVED FOR BINDING VITH UNFADING INK—THIS IS A PERMANENT	- MRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-
CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.	plain ter See in	ms, so the	at sno	uid be tay be ack of	properly class certificate.	mation should be carefully supplied. AGE should be stated Exact in Firstlemans should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

	County Carroll			Colored	d Branch (23) Registration Dist. No. 74	
1	Village or City He	nryton	, Md.	(If	No. (above) St,, death occurred in a hospital or institution, give its NAME instead of street and nu	War
				yrs. O mos		d
2. F	ULL NAME Be					
	(a) Residence: No.	29 S E	(Usual place		It Qte, , Md Ward. If nonresident give city or town and St	ate
	PERSONAL AND	STATISTI			MEDICAL CERTIFICATE OF DEATH	
. sex Fen	nale Col	or race	5. SINGLE, MAI OR DIVORCE	RRIED, WIDOWED, ED (write the word) Cied	21. DATE OF DEATH Dec., 7, 1932 (Month) (Day)	.93. (Year)
HU	parried, widowed, or divorce ISBAND of ISBAND of	d	liam Ry	yan	22. I HEREBY CERTIFY, That I attended de Nov., 30, 1932, to Dec., 7, 19	ceased fro
. DATI	E OF BIRTH (month, day, a	nd year) Au	ıg., 4,	1883	last saw her alive on Dec., 7, 1932, 19;	
. AGE	Years 49	Months 4	Days 3	If LESS than 1 day, hrs. or	to have occurred on the date stated above, at 4 • 15 R. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of ense
9.	8. Trade, profession, or particutar kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, OWN HOME SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and nknown year) 11. Total time (years) spent in this occupation occupation unknown					oct.
2. BIR	THPLACE (city or town) (State or country)	Balti Marvl	more	ent in this inknot supation Unknot	Other Contributory Causes of importance:	
13.	NAME	James	Miles			
13.	BIRTHPLACE (city or town (State or country)		ngton ict of	Columbia	Name of operation Date of What test confirmed diagnosis? Was there an aut	O L
	MAIDEN NAME	Mamie	Smith		23. If death was due to external causes (VIOLENCE) fill in also the following:	
15.	BIRTHPLACE (city or town (State or country)	Annar Maryl			Accident, suleide, or homicide?	, 19
15.	(State of Country)	1 -1	601	Reill	(Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	Ε.
17. INF	ORMANT(Address)	Mu (Huma	fou red		
7. INF	ORMANT	Vin (Hrung other 12	for mid	Manner of Injury	
16. 17. INF	ORMANT(Address) RIAL, CREMATION, OR REM	Starlenge of Starlenge	Hung etem 12 Will	for mid		Uo.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DUDY			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND	CERTIFICATE OF DEATH 13059
1. PLACE OF DEATH	122-6
County Carroll	Registration Dist. No.
Village or City Vatafisco	No. St., Ward
Length of residence in city or town where death occurred 20 yrsmo	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Joseph Ryan	
(a) Residence No.	St., Warel.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Mule Modower	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) HITE of Morater Dram,	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 29 1845	I last saw h. Im alive on Dec. 14, 198 Zedeath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9,20 G., m.
87 1 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or perticular	Date of onset
SAWYER, BOOKKEEPER, et Celuedouader Mas	lev Intestinal Chaluction 12/5/3:
9 Industry or business in which work was done, as SILK MILL, N.S. Navy, SAW MILL, BANK, etc.	
U 10. Date deceased last worked at	
this occupation (month and 1912 spent in this 4744	d
12 BIRTURI ACT (SILVER ACT)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) Baffuron	Name of operation Date of
(State or country) multipland	
15. MAIDEN NAME Elisa Robonson	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Elija Refleurson 16. BIRTHPLACE (city of town) Baltinore	Accident, sulcide, or homicide? Date of injury
E (State or country) mangeund	Where did injury occur?
17. INFORMANT hum charles WErry	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Patapoco, mid,	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Eurory Chafael Date 2-16, 1932	Nature of Injury
19. UNDERTAKER Ollie et et fator	24. Was disease or pjury in any way related to occupation of deceased?
(Address) Hampstege med	no, specify
20 FILED 12/10 130 FICLER D.	(Signed) Edgar M. Dyslv M. D.
Registrar.	(Address) Hampstead Md'
If more blanks are needed, address State Registfar,	2411 N. Charles Street, Valtimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Chronie interstitial rephritis AN 4 1933	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUEFAU V. 8				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
-----------------------------------------------------	------------	-------	-----	---------	------------	----	-----------

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA-1. PLACE OF DEATH pluods item of County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Every PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_____yrs.____mos.____ds. statement RECORD. (a) Residence (No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 1 OR DIVORCED (perite the word) CTL classified. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of-certificate. 6. DATE OF BIRTH (month, day, and year) death is said 7. AGE Months If LESS than 0 1 day.___hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ... min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which may pluods work was dona, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Nama of operation ___ plain (State or country) carefully What test confirmed diagnosis?... ----- Was thera an autopsy?____ MOTHER 15. MAIDEN NAME important 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town). Accident, suicide, or homicide?______ Date of injury______19_ (State or country Where did injury occur?_____ should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT OF (Address) 18. BURIAL CREMATION OR REMOVA Manner of Injury WRITE CAUSE mation LION Nature of injury_ 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registra, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	المساد ا		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	0		

state OCCUPA-

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

ì	STATE OF	MAR	LAND-	CERTIFICATE OF DEATH	
1	. PLACE OF DEATH	Maryla		culosis Sanatorium	062
	County Carroll		Colored	Branch 23 Registration Dist. No. 74	
	Village or City Henryton, Ma	arylan	d.	No. (above) death occurred in a hospital or institution, give its NAME instead of street and n	Ward
			yrs,_Qmos	. 16 ds. How long in U.S. N of foreign birth?mo	
2	. FULL NAME Ann Frazier			200	
	(a) Residence: No. Spencervi	(Usual place of		• , St. If nonresident give city or town and	State
100000	PERSONAL AND STATISTICA			MEDICAL CERTIFICATE OF DEATH	
			RED, WIDOWED, (write the word) 100	21. DATE OF DEATH Dec., 2, 1952 (Month) (Day)	, 193 (Year)
5a.	If married, widowed, or divorced HUSBAND of				
	(or) WIFE of Unkr	nown		NOV., 16, 193219,talec., 2, 19	
	DATE OF BIRTH (month, day, and year) Apr	ור וו	. 1910	The State of The S	: death is said
	DATE OF BIRTH (month, day, and year) ADI' AGE Years Months	Days	Il LESS/than	to have occurred on the date stated above, at 6.40 nf. M.	
	22 7	21	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
7	8. Trade, profession, or particular		_	Pulmonary Tuberculosis	Date of onset
101	SAWTER, BUUNNEEPER, etc.	ousewi	.fe		
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				June
CCL	10 Data deceased last worked at	11. Total ti	me (years)		1932
0	this occupation (month and year)	Unical			
12	BIRTHPLACE (city or town) Spencer (State or country) Marylane			Other Contributory Causes of importance:	
HER	13. NAME William		azier		
THE	14. BIRTHPLACE (city or town) Spencer			Name of operation Date of	0
FAT	(State or country) Marylan			What test confirmed diagnosis? Was there an a	utopsy? 200
ER	15. MAIDEN NAME Mary Sh	anks		23. If death was due to external causes (VIOL ENCE) fill in also the following	:
MOTHER	16. BIRTHPLACE (city or town) Spencer	ville		Accident, suicide, or homicide? Date of injury	, 19
X	(State or country) Marylan	d		Where did Injury occur?	
17	INFORMANT John E. O'Nei (Address) Henryton, Md.	11, M.	D.	(Specify city or town, county and Stat Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18	BURIAL, CREMATION OR REMOVAL	ate 12/5	1,1932	Manner of injury	
1	Margaray Van 12 F 2	und	1	24. Was disease or injury In any way related to occupation of deceased?	no.
19	(Address) Rocky lle Zma	udle	& J	If so, specify	
20	FILED 12/2/32, 19 Man &	0.07	Reill,	(Signed) Show to O Man	M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
12 35 51				
Other contributory canso of ideportance		Other contributory causes of importance:		
Gollstones	May 1,1923	Gastroenterilis	1 year	
m/				

1	L PLACE OF DEATH		(131)	
1	County Carroll		Registration Dist. No.	if
1	Village or City Lyklave	lle	No. Chrinspela stale Hospital St.	Ward
		1	(If death occurred in a harpital or institution, give its NAME instead of street and i	number)
	Length of residence in city or town where do	1, 00	mos. 2-4_ds. How long in U.S. if of foreign birth?yrsme)sds.
:	2. FULL NAME John	Villiam Ston	41	,
	(a) Residence: No. Corner /	(Usual place of abode)	St., S Ward. Nagyrstown M. A nonresident give city or town and	d -
	PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	Diale
3.	SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED	21. DATE OF DEATH	
	male White	OR DIVORCED (write the word)	2	, 193 2
5a.	. If married, widowed, or divorced		(Month) (Day)	(Year)
	HUSBAND OF	ene rukurwa	1 HEREBY CERTIFY, That I attended	
-			last saw here alive on December 2 3 77 1931	
	DATE OF BIRTH (month, day, and year) UCT			.; death is said
7.	AGE Years Months	Days If LESS that		
		/ 9 ormin.	were as follows:	Oate of enset
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	aherhanger	Cerebral arteriosclerosis	Priorto
ATI	9. Industry or business in which	hain stone manag		1929
U.	work was done, as SILK MILL, -	8		
OCCUPATION	10. Oate deceased last worked at lunfeurs		A	
	year)	occupation/	Other Contributory Causes of importance:	
12	BIRTHPLACE (city or town)		24	Prior to
_	(State or country)	ngton to the	_ Chrome Interstitual Nephritis	Jan. 30
HER	13. NAME Narry F. L	lone	Mitral Regurgitation	1931
FATE	14. BIRTHPLACE (city or town)unles	unn		
	(State or country)	Thio	Name of operation with the Name of operation what test confirmed diagnosis? Was there and	utopsy? hr
HER	15. MAIDEN NAME /hary J. K	ershner	23. If death was due to external causes (VIOLENCE) fill in also the following	; :
MOT	16. BIRTHPLACE (city or town) Tunk	wvm	Accident, suicide, or homicide? Oate of injury	, 19
Σ	(State or country)	maryland	Where did injury occur?(Specify city or town, county and State	
17	INFORMANT Springfreed state	Hospital Records		
	(Address) 2 y keevel	6. md		
18	B. BURIAL CREMATION, OR REMOVAL	1. De 17.	Manner of injury	
-	Please	240 ate 20 - 0 - 1 - 1 - 1 - 1 - 1	Nature of injury	2
19	UNOERTAKER Judy	. Trusa	24. Was disease or injury in any way related to occupation of deceased?	
-	(Address)	istown in	Tolon 1 Marca	
20	FILED Dev 2 4, 19.3 2 6	Stany 1/2	(Signed) (S.S.N.) Dakleville. Md	
-		Registrar	(Address) (by carrie. 1 ca	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Gariacas	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

FOR

RESERVED

ARGIN

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

4	c,	4 4	10	Stee	
1	0	V	V	-	

1. Pt	LACE OF DEAT	H			(157-c)	
/ c	county Loavi	roll	WITHIN COL	RPONATE LIMITE	Registration Dist. No. 2	6
/ V	illage or City W	klmin	ister	(If	No. St., death occurred in a hospital or institution, give its NAME instead of street a	Ward
/ L	angth of rasidanca In city	or town where	death occurred			
2. Ft	ULL NAME MA	ary (Jane a	mair		
(a) Residence: No.	mal	lison	0	St., Ward.	
			(Usual plac	e of abode)	If nonresident give city or town	and State
F	PERSONAL AND	STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	4
3. SEX	nale W	OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	3 2 193 (Yaar)
5e. If ma	rriad, widowed, or divorc	ad	0		(month) (ba))	
(or)	SBANO of) WIFE of				22. I HEREBY CERTIFY, That I attend	led dacaased from
6. DATE	OF BIRTH (month, day,	and year) M	N. 19	- 1932		
7. AGE	Yaars	Months	Days	If LESS than	to have occurred on the date stated abova, at 7:30 m.	
	_		14/	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. 1	Trade, profession, or part	ticular		1 01	were as fullows.	Date of enset
0 0	kind of work done, es SAWYER, BDDKKEEP	s SPINNER, ER, atc		_	Mydeardiles	
OCCUPATION S	Industry or business in	which				
3 8	work was done, as SII SAW MILL, BANK, at					
0 10.	Date dacaasad last work this occupation (mont	ed at h end		time (years) ent in this		
10	year)			cupation	Dther Contributory Causes of Importance;	
12. BIRT	HPLACE (city or town)	ush	nunste		Diller Contributory Causes of Importance.	
(State ar country)	mo	1		Ge. delation 1 bent	
₩ 13. N	NAME mel	vin t	e. Um	alr.		
13. N	BIRTHPLACE (city or tow		1	0	Name of operation Date of	
H 17. L	(State or country)	W	201		What test confirmed diagnosis? Was there a	
15. N	WAIDEN NAME 814	rtrud	1 Ric	kell	23. If daath was due to externel causes (VIOLENCE) fill in also the follow	
15. M	NIPTURI A OR (')		2		Accident, suicide, or homicida? Date of injury	
∑ 16. E	SIRTHPLACE (city or tow (State or country)	n)	2		Where did injury occur?	
1	mela	rin L			(Specify city or town, county and S	State)
17. INFO	RMANT // CVV	Tania	une	md:	Spacify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC	PLACE.
	AL, CREMATION, OR RE	MOVAL WI	Timinato	~	Manner of injury	
P	lace II. John	m. s	Date 20 C	c.5-,1933	Nature of injury	
19. UNDE	MA	nhar	don		24. Was disaesa or Injury in any way ralated to occupation of decaased?	
		minst	Sm	Z.	Aso, spacify	
	12/11	17	Gili	andrews	(Signed) W. C. Essenth	N D
20. FILED	7 , 19	t	force	Registrar.	(Addrass) le feshinisch	W. J.
7				***************************************		

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Example 1			Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal of important	Date of onset	
Arteriosclerosis	1915	Attack of epil	epsy S. A. D. A. B. G. S. epsy epsy 100 MS.	1 week ago
Chronic interstitial nephritis	1921	Run over by s	tredt car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	Stol P Wi	3 days ago
			RECEIVED	
Other contributory causes of importance:		Other contri	butory causes of importance:	44
Gallstones	May 1,1923	Gastroenteritis	3	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. JARGIN RESERVED

V. S. No. 1 N. B. of OCCUPA.

SIAIL OF STAIL OF			culosis Sanatorium	3005
County Carroll	-		Branch (3) Registration Dist. No. 74	
Village or City Henryton,		(H	No. (Above) St, death occurred in a hospital or institution, give its NAME instead of street and 23 ds. How long in U.S. of foreign blith? yrs. m	Ward number)
2. FULL NAME Jake Vandi	rost			
(a) Residence: No. 903 McDo1	nald St. (Usual place of	Balto	• , Stilld • Ward. If nonresident give city or town and	I State
PERSONAL AND STATISTIC	AL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
Male Colored	or Divorced		21. DATE OF DEATH Dec., 25, 1932 (Month) (Oey)	, 193 (Yoar)
	nie Vand		May, 2, 1932 19 1932, 19 1932, 19 1932, 19 1932, 19 1932, 19 1932, 19 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 1932, 19	1932
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months 27 6	Days	If LESS than hrs.	to have occurred on the date stated above, et 2.10 R.M. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	; death is said
8 Trade profession or particular	Laborer	VI	were as follows: Pulmonary Tuberculosis	Date of onset
kind of werk done, es SPINNER, SAWYER, BOOKKEEPER, etc	Inknown 11. Total tim	e (years) in this ation in know		April 1932
12 BIRTHPLACE (city of town) Jamest			Other Contributory Causes of importance:	
13. NAME Abraha	ım Vandı	ost		
13. NAME Abraha 14. BIRTHPLACE (city or town) Jamest (State or country) South	cown Carolir	าล	Name of operation Oate of What test confirmed diagnosis? Wes there an	autopsy? Vo
16 BIRTHPLACE (city or town) Jamest			23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	
(Stete or country) SOUTH 17. INFORMANT John E. O'Ne (Addross) Henryton, I.d.			Where did Injury occur?(Specify city or town, county and Sta Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PL	ile) .ACE,
18. BUR AL, CREMATION, OR REMOVAL	_	27,1933	Manner of injury	
19. UNDERTAKEN 15 15 15 15 15 15 15 15 15 15 15 15 15	eller	714	24. Was disease or injury in any way related to occupation of deceesed?	llo.
	Local	Registrar.	(Signed) (Address) (Addres	N. D



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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage A JAN 5 1982	July 5,1927	Peritonitis	3 days ago	
E F SI COTT A TO SE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDING

FOR

RESERVED

ARGIN

S. No. 1

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OCCUPA-

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of infor-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis Al 3,	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUYUNT V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		L

should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. PHYSICIANS Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1

1. PLACE O	F DEATH	,	(5g)	12000
County	Carrott	4	Registration Dist. No.	76
Village or C	in west	much m	of No Ridge ave	St., War
Village of C	······································		(If death occurred in a hospital or institution, give its NAME instead of	
Length of resi	dence in cily or town whare	daath occurredyrsn	osds. How long in U.S. if of foraign birth?yrs	
2. FULL NA	ME Into	nut weedle		
	10	D. A		
(a) Residen	ce: No.	(Usual place of abode)	St., Ward. If nonresident give city or	town and State
PERSON	IAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	
3. SEX	4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
M	111	OR DIVORCED (write the word)	12 10	1932
///	1 20	single	(Month) (Day)	(Year)
a. If marriad, widow HUSBAND of	ved, or divorced		22. I HEREBY CERTIFY, That I	attended deceased fro
(or) WIFE of				10 - 13:
	10	0 9 1927		, 19 3 2; daath is sa
	(month, day, and year)	le, 1/1/20		, 19; daatn 15 sa
r. AGE Yaa	irs Months	Days / If LESS than	to have occurred on the data stated above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of imports	
		ormin.	wera as follows:	Data of ons
8. Trade, profe	ssion, or particular	77	Premature buth	
SAWYER	work done, as SPINNER, BOOKKEEPER, etc	<i></i>		
kind of SAWYER SAWYER Industry or work wa SAW Mill	business in which s done, as SILK MILL,	/me		
SAW MII	LL, BANK, atc.	1000		
10. Oate deceas	ed last worked at pation (month and	11. Total time (years) spent in this		
year)		occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (ci	ty or town) Wis	trough	Frenchen bull	
(State or cou		, M		
13. NAME	Edg. T.	Weigh		
13. NAME		mill		
14. BIRTHPLACE	(city or town) country)	<i></i>	Name of operation	
	1/ m.	22-4 1	What test confirmed diagnosis? Was	there an autopsy?
15. MAIDEN NA	ME U, ME	The second	23. If death was due to axternal causes (VIOL ENCE) fill in also that	following:
16. BIRTHPLACE	(city or town)	prod_	Accident, suicide, or homicide? Date of injur	ry, 19
E (State or	country)		Where did injury occur?	
L7. INFORMANT	5d9. T	Weigh	(Specify city or town, count Specify whether injury occurred in INDUSTRY, In HOME, or In P	UBLIC PLACE.
(Addrass)	Wise	mind led		
18. BURIAL, CREMAT	TION, OR REMOVAL	, 12	Manner of injury	
Placa 130	redow Browns	Data 12-10-132	Natura of Injury	
	Toda. Y	Weide		
19. UNOERTAKER	holy	17	24. Was disaasa or injury in any way related to occupation of dac	aasad?
(Address)	for prime	July	If so, specify	14
20. FILED	10,1972 4	Muss 100	(Signed) Csylphia	M,
			(Address)	and he was a different

CEDTICIOATE OF DEATH

CTATE OF MADVI AND

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		SEGI 1 MAI.	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
		· · · · · · · · · · · · · · · · · · ·	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 130	C9
1. PLACE OF DEATH	(131)	
County Carroll	Registration Dist. No.	7 ex-
Village or City Springfield State Hospita	NoSykesville, M. d. St.,	mber)
Length of rasidence in city or town where daath occurredOyrsOmos.	ds. How long In U.S. if of foreign birth?yrsmos.	ds.
2. FULL NAME John Wesley White		
(a) Residence: No. 2314 Allendale Road, Bal	Ltimore, Md.	
(Usual place of abode)	If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower	21. DATE OF DEATH December 27 (Month) (Day)	193. 2 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Alice McDonald	22. I HEREBY CERTIFY, That I attanded da December 23 1932, to December 27	
6. DATE OF BIRTH (month, day, and year) January 15, 1864	Hast saw him alive on December 27 1932;	
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 7:25 a.m.	Gastu 12 2910
60 77 77 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance	
8 Trade profession or particular	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data decassed last worked at this occupation (month and	Nephritis and chronic	
work was dona, as SILK MILL,	valvular Heart Disease	773
10. Data decasad last worked at this occupation (month and 1930 spent in this occupation 44 yr	(Mitral regargitation) with uremia.	Unk
12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)	Other Contributory Causes of importance: Acute cardiac dilitation	
	Over	4 days
T		
14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Date of What tast confirmed diagnosis? Lab. Tests Was there an aut	No
		lopsy? IT O
15. MAIDEN NAME Sophia Taneyhill 16. BIRTHPLACE (city or town) Baltimore	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	19
▼ (State or country)	Where did injury occur?	
17. INFORMANT Hospital Records (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	DE.
18. BURIAL, CREMATION, OR REMOVAL Place Date Date 59, 19 3	Mannar of Injury	
19. UNDERTAKER Ity & Jackson - Joen	24. Was disease or injury in any way related to occupation of decaased?	
20. FILED Dec 27, 1832 Chang Heer	(Signed) John L. Welkered	M. D.

Registrar.

(Address) S. S. Hoshy Eghervill, Mil

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Chronic interstitial nephritis JAN 5 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S	•		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

6	40	4 .	H	4.6
3.	- 5	U	4	11
A	0	V	97	60

1. PLACE OF DEATH			1 4
County Courelly		Registration Dist. No.	740
Village or City Dy Jeces	velle	No. Ducus July State &	exkely a
Langth of cooldages in city or town when the		death occurred in a hospital or institution, give its NAME instead of street a	
Length of residence in city or town where dea	ith occurred yrs mos	ds. How long in U.S. (of foreign birth?yrs	mosds
2. FULL NAME March	y alece sof	ulmen . //	
(a) Residence: No.	alkell	St., Ward. Molecular	med
DEDCOMAL AND COLUMN	(Usual place of abode)	If nonresident give city or town	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	Н
. A	OR DIVORCED (durite the word)	21. DATE OF DEATH	4
Jewal wach	Widsewed	(Month) (Day)	(Year)
ia. If married, widowed or divorced HUSBAND of	1.11	22. / I HEREBY CERTIFY. That I atten	
(or) WIFE of Cereaucel V	+ Whileen	1972 to 2 - 1972	ded deceased from
DATE OF BIRTH (month, day, and year)	444 9 1559	1. 6 1 1/2	32 death is sail
AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 7.15 Pm.	death is sai
79 10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	/ l ormin.	were as follows:	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	noul	2 1 70	
9. Industry or business in which		the way was	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Al TTO Jaganas and	
D Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	I'm C'	
year)	occupation	Other Centribulery Causes of importance:	
12. BIRTHPLACE (city or town) March	placed	Other Contributory Causes of Importance:	
(State or country)	ned.	There dul to hemon	ha
13. NAME LES Rua .	Dutuley		
14. BIRTHPLACE (city or town) Man	culaced'	Name of operation	
(State or country)		What test confirmed diagnosis? Was there	
15. MAIDEN NAME CHELAI	de Eyler	23. If death was due to external causes (VIOLENCE) fill in also the follow	
15. MAIDEN NAME CHELACE 16. BIRTHPLACE (city or town) MA	unlaked	Accident, suicide, or homicide Accided Date of injury	10/105 3 2
(State or country)		Where did injury occur?	1
17. INFORMANT Pasfeila	t Colerdo	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
(Address)			
18. BURIAL, CREMATION, OR REMOVAL	. 11. 10	Manner of Injury	
Place Melstrumber	Date 9 4 15, 19 9 3	Nature of injury	
19. UNDERTAKER 74Bank	mel tom	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Windows	Tholy	If so, specify	
20. Dec 16 1032 Ch	and Iteer	(Signed) Statement	Coran
	Registrar.	(Address) WEstmunite	- me

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis 933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURREUT			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF N	MARYLAND-	CERTIFICATE OF DEATH	13071
1. PLACE OF DEATH		93-0	
County Carrole		Registration Dist. No.	110
Village or City Sykesville		No. Springfield Hate Hopital St.	Ward
Length of residence in city or town where death occ	urredyrs6mos	death occurred in a hospital or institution, give its NAME instead of street and before the death of the control of the contro	d number) mosds.
2. FULL NAME Frederick a	Williams		
(a) Residence: No. Montgom	ery Co, Md suil place of abode)	St., Ward. Montgomery Co. Md. If nonresident give city or town a	nd State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male White OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word) Married	21. DATE OF DEATH Miceuber 13 nd (Month) (Day)	, 193 2- (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anne Hasle	r	22. I HEREBY CERTIFY. That I attended	232 1932
6. DATE OF BIRTH (month, day, and year) Augus	x 179 1869	Hast saw hat a alive on December 1220, 193	2-; death is said
	Oays If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 12-30 A_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		were as follows:	Date of onset
SAWYER, BOOKKEEPER, etc.	net maker	60	Dec. 17
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		Orysepelas (Facial)	1932
2	1. Total time (years) spent in this 30 years		
12. BIRTHPLACE (city or town) Washington (State or country)	<u> </u>	Other Contributory Causes of importance:	Prior to
13. NAME Charles D. Will.	aus -	Chroni Myocarditis	
14. BIRTHPLACE (city or town) lunknown (State or country) Euglan	d	Name of operation Thomas Date of	
E 15. MAIDEN NAME Otto.		What test confirmed diagnosis? Was there are 23. If deeth was due to external causes (VIOL ENCE) fill in also the following	
15. MAIDEN NAME Otto. 16. BIRTHPLACE (city or town). Mashington (State or country)		Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Amngfrela stale Mospie (Address) Lakesville, n		(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC P	ate) LACE
18. BURIAL, CREMATION, OR BEMOVA	Ver all	Manner of injury	
// achinglan A. Date	Dec 26, 1934	Nature of Injury	
19. UNDERTAKER A. W. Chown (Address) Washingt	ders Co.	24. Was disease or Injury in any way related to occupation of deceased?	ho
20. FILEO Jee 23, 1934 CHA	my Heer Registrar.	(Signed) John A. Morres (Address) (S.S.H.) Rykesvelle, Md.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclcrosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1VM 2 1033	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

STATE OF MARYLAND-	CERTIFICATE OF DEATH	10.2
1. PLACE OF DEATH	(131)	,
County Carrally	Registration Dist. No.	4
Village or City Ly Resuells:	No. pring feels state 1842	fil Ward
Length of residence in city or town where death occurred	If death occurred in a hospital of institution, give its NAME instead of street and n s	umber)
11 / 1.1.	Syrsmo	sds.
2. FULL NAME Allen M. Allen	us Illant I MI	
(a) Residence: No. Old A Outles Hause (Usual place of abode)	St., Ward under Md	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Security 13	193. 2 (Year)
(5a. If married, widowed, or divorced HUSBAND of (Clubecown) Williams	227 I HEREBY CERTIFY, That I attended of	leceased from
6. DATE OF BIRTH (month, day, and year) Oct. 23, 1849	· · · · · · · · · · · · · · · · · · ·	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3:12.2.2m.	
83 / 27 I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,		Date of onset
SAWYER, BOOKKEEPER, etc.	- Ag	
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month and senant in this expension (month and senant in this senant i	arous Sulerstelled	1731
10. Date deceased last worked at this occupation (month and year) spent in this occupation	Vefettielles	
12. BIRTHPLACE (city or town) - Marcy Land	Other Contributory Causes of importance:	
(State or country)	Some and the transfer	100
13. NAME Vecholas Qgg/	- Limin Committee Contrague	-6731
13. NAME Clebralas Oggi 14. BIRTHPLACE (city or town) Massyland	Name of operation Date of	
(State of country)	What test confirmed diagnosis?	itonsy?
15. MAIDEN NAME Cakaline Clease	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Tellas va Cheusette (State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Haxfietal Recards (Address) Sylvernille Md	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA) CE.
18. BURIAL, CHEMATION, OR REMOVAL Note Dec 14, 1932	Manner of injury	
19. UNDERTAKER E. C. Lifton (Address) Hamfisteast Mist.	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Dec / 3, 1932 Mary How. Registrar.	(Signed) Marie M. Cero. (Address) Style British M	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EU.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CERTIFICATE OF DEATH Registration Dist. No. 15 If death occurred in a hospital or institu-.. Ward) certificate. tion, give its NAME inwumber.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICA 16 DATE OF DEATH 3 SEX OR RACE | 5 SINGLE. MARRIED. WIDOWED back OR DIVORCED (Write the word) That I attended the deceased from 6 DATE OF BIRTH that instruction (Month) (Year) and that death occurred on the data stated above, at 7 AGE If LESS than The CAUSE OF DEATH A was a follows: dav hrs. ······yrs.·····mos.····ds.lor····min.? 8 OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry (Duration)yrs..... business, or establishment in which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Address) / ansover 9 11 BIRTHPLACE *State the Disease Causical Death, or, in deaths from Violent Causes, state (1) Jeans of Injury and (2) whether Accidental, Suicidal or Homicidal. ENT OF FATHER 01 SI (State or country) OC. 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE At place OF MOTHER yrs. . mos. da. State. ...yrs..... mos. of death 0 (State or country Where was disease contracted. of if not at place of death? Former or usual residence CIANS statement 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ore blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

PLACE OF DEATH

STATE OF MARYLAN

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs.). business, that fact may be indicated thus: Farmor state occupation at beginning of illness. If retired fromor given up on account of the disease causing beath, gaged in domestic service for wages, as Servant, Cobk-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement: it the first line will be sufficient, e. g., Farmer or Planter, laborer, Farm laborer, Laborer-Coal mine, etc. Womshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor. Architect, Locomotice engineer, enpation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary firemen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not galnfully emwithout more precise specification as Day For persons who have no occupation en-19.6

Statement of Cruse of Death—Name, first, the primary affection with respect to time and causation), using always the same acceptated term for the same disease. Examples: Carchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia, Bronchopneumonia ("Pneumonia,"

5

tions answered in detail, it will prevent further correspondance. All the data is essential and must be obtained before the certificate is permanently filed.

Poisoned by carbolic acid-probably suicide. The us. head of "contributory." quences (e. g., sepsis, totanus) may be stated under the train-accident; Revolver wound of head-homicide; conditions. such as "Asthenia," "Anaemia" ment, of cause of death approved by Committee on Examples: Accidental drowning; Struck by railroay as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OR State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignant neoplasms); Measles; If this certificate is looked over thoroughly and all ques-Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-"Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustlon," "Heart failure." "Haemorvulsions." symptomatic), "Atrophy," "Collapse," causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" Is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberoulosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJUST "Debllity" ("Congenital," "Scnile," etc.), (Recommendations on state-Example: Mcastes Always qualify all "Coma," (merely (second-(disease "Con-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 130.4
1. PLACE OF DEATH	(3)
County Parroll	Registration Dist. No.
Village or fitte Hoolbine	No. St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sohn I. 3 sh.	
(a) Residence: No. / Same	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED (write the word) That	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of Corp WHEED! Late Jella 3 epp.	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1843-10-31	Wast saw h alive on Dee 2 19 37 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 470 Am.
89 / 78. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER & d. o. dimension SAWYER, BOOKKEEPER, etc.	Wilnue Varsoning bea
4 9 Industry or business in which	20
work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and year)	
12. BIRTHPLACE (city or town) learroll les -,	Other Contributory Causes of importance:
(State or country) Maryland,	Mitra & Reason dation was
13. NAME Uniferiores	Chronie Mes welling Colle
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Notice 1 Date of
(State of country)	What test confirmed diagnosis has start tude who there an autopsy? Ha-
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Mrs. Rachael Hood mand	Where did injury occur?
(Address) TP.F.D. Mt. Chiny, Und.	
Place New Port Hill Date Dze -31= 1937	Manner of Injury
1. In oh . H	Nature of Injury
19. UNDERTAKER (Address) Weise Lie Color 2011.	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Dec 29 132 This DSuesdes)	(Signed) (Signed) (Signed)
20, FILED Registrar.	(Address) My Cury Dud

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	Ñ.	Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
227707 1000007 0700	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULEAU			
Other contributory causes of importance:	42	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

20. FILED.

		STATE O	F MARY	LAND-	CERTIFICATE C	F DE	ATH 1	3075
1.	PLACE OF	DEATH WATER			//-			
	County_C	arroll	NIK GORPONA	FE LIWIE.		Registration	Dist. No. 76	
	Village or City	Westrin	notes	180,	No.		St	Ward
					death occurred in a hospital or institution			number)
	Length of reside	nce in city or town where d	eath occurred	Z_yrs Zmos	ds. How long in U.S. If of fo	oreign birth?	yrsr	nosds.
2.	FULL NAM	E / home	co a	ef p	· · · · · · · · · · · · · · · · · · ·			
	(a) Residence	: No. Cohace		ht are	St., Ward.			
simu			(Usual place of				nt give city or town an	d State
-		L AND STATISTI			MEDICAL CEI	RTIFICAT	E OF DEATH	
3. S	EX	4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH	Fle.	(38 ME	102 9
12	rale 1	white	ovedou	red		(Month)	(Day)	(Year)
5a. I	If married, widowed HUSBAND of	le date Elevet	Werlbis	Echlo "	1 HEREBY	CERTH	Y. That I attended	deceased from
	(or) WIFE of	1		177	1 71 -11	3 2, to	Der 36 to	1982
6. D	ATE OF BIRTH (m	onth, day, and year) Cal	1 9 -	1843	I last saw have alive on.	en C	3000 1932	_; death is said
7. A			Days	If LESS than	to have occurred on the date stated a	bove, at.	S.L.m.	
	80	8	21	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH were as follows:	and related cal	ses of Importance	
-	8. Trade, professi	on, or particular			Fritte	und		Date of onset
0	kind of wor	rk done, as SPINNER, ZOOKKEEPER, etc.	ine					
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this occupation (month and second in this contraction (month and second in this occupation (month and seco							-	
000		last worked at tion (month and		ne (years) in this pation				
	The same of the sa				Other Contributory Causes of imports	ance:	ac_	
12.	BIRTHPLACE (cfty (State er countr		and		4			
ATHER	13. NAME %	illiant ;	refip					
AT	14. BIRTHPLACE (city or town)	11		Name of operation		Date of_	
L	(State or co	ountry) mary	Kend	122	What test confirmed diagnosis?		Was there an	autopsy?
HER	15. MAIDEN NAM	E Elegibith	Durb	re	23. If death was due to external cause	s (VIOL ENCE)	fill in also the following	ng:
MOT	16. BIRTHPLACE (city or town)			Accident, suicide, or homicide?		_ Date of injury	, 19
(State or country) maryland			Where did injury occur?	(Specific site	on town account 10.			
17.	INFORMANT Zw	s 3 is. 3h	umbrie		Specify whether injury occurred in I	NDUSTRY, in I	or town, county and St HOME, or in PUBLIC P	LACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Nature of injury

If so, specify
(Signed)

(Addres

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, ctc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy & A	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis 1000	3 days ago
		GS (13756)	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year